The Modern Hospital

OCTOBER 1951 Hospital convention report and pictures • Housekeeping at

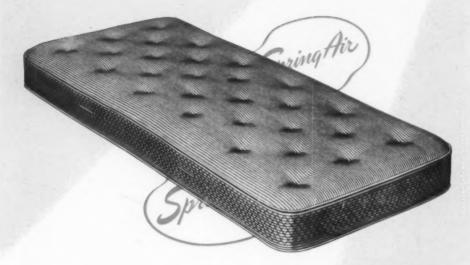
Walter Reed Hospital • Bedpandemonium, or the two-bed room

shouldn't happen to a dog . Blood bank administration . Orientation

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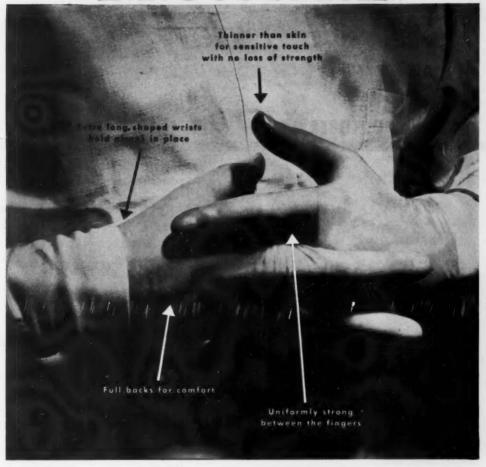
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AMONG THE AUTHORS

Richard M. Loughery is personnel director of Methodist Hospital, Indianapolis, an appointment he has held for the last five years. A graduate of Indiana University, Mr. Loughery had completed a year of graduate work at the university before he enlisted in the marine corps in 1942. In marine aviation he had three and one-half years' service in personnel, officer assignment and classification



R. M. Loughery

work. At Methodist Hospital, following his discharge from the marine corps, he undertook preparation of an employes' handbook which took second prize in the American Hospital Association contest in 1948. He has also completed a job analysis study for the hospital in cooperation with the U.S. Employment Service. Mr. Loughery's article describing the admissions system at Methodist Hospital appears on page 61.

Joseph W. Gott IV is supervisor of blood bank services at St. Vincent's Hospital, New York City. Organized by Mr. Gott two years ago, the blood bank at St. Vincent's is operated as a division of the department of anesthesiology. A graduate of Wagner College on Staten Island, N.Y., Mr. Gott received his degree in biology and was a biologist in the dairy industry for several years before joining the hospital corps



of the navy, which he served during the war as a laboratory supervisor. Following his discharge from the navy he did chemotherapeutic research for a pharmaceutical house for two years, then became bacteriologist and blood bank supervisor for the U.S. Public Health Service Hospital at Stapleton, N.Y., a position he held until he moved to St. Vincent's in 1949. Mr. Gott's article on blood bank administration appears on page 96.

Florence Young, co-author of the article on page 72, describing an orientation program for staff nurses, is associate director of nursing service at Michael Reese Hospital, Chicago. Before going to Michael Reese five years ago, Miss Young was educational director at the Allegheny General Hospital school of nursing, Pittsburgh. A graduate of the University of Michigan school of nursing, Miss Young has a bachelor's degree in nursing education from the University of Minnesota and an M.A. degree from the University of Pittsburgh.

Vera Ruth Kezar, co-author with Florence Young of the article on orientation of nurses, is a nursing arts instructor at Michael Reese Hospital school of nursing. A Michael Reese graduate herself, Miss Kezar has attended Roosevelt College in Chicago and is completing work for her academic degree at the University of Illinois.



Vera Ruth Kezar

A Washington editor and writer, Ben P. Brodinsky ("Building Codes," page 67) is co-author of "America Prepares for Tomorrow" (Harper's, 1941) and has written articles for Parents' Magazine, American Home, The Nation, and other magazines. Mr. Brodinsky was an education specialist for the U.S. Office of Education for a number of years and is now editor of the Educator's Washington Dispatch, a fortnightly



news letter service. He is a graduate of the University of Delaware and has an M.A. from the University of Pennsylvania,

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TRAVERT

Roving Reporter

Doctors Now Loyal Boosters

Doctors at Hillcrest Memorial Hospital, Tulsa, Okla., were restless and disturbed and some of them were becoming hostile toward the hospital because of the rapid increase in charges made by the hospital in an effort to try to keep up with the increased cost of supplies and pay roll.

Sometimes a thoughtless person remarks that hotel service is much cheaper than a hospital's. Such a remark comes from a person who is either uninformed or misinformed as to values. In our hospital a patient who has a private room pays from \$9 to \$13.50 a day, so I will use a \$12 room as an illustration. The patient is bathed in bed, fed in bed,

has toilet service in bed, and linen changed from one to six times a day. The average patient is waited on 37 times in 24 hours by professional people who have spent up to 10 years preparing themselves to render this service. Twelve dollars per day in a hospital is \$0.50 an hour because the patient receives 24 hour care. This is cheaper than the price of a good baby sitter.

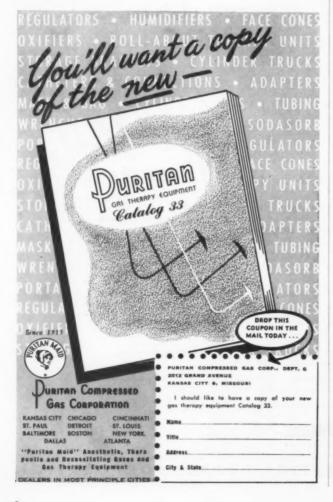
Suppose one should go to a hotel and receive the same service. The estimate by a hotel cost accountant is that it would cost \$130 a day for the same care in a good hotel. If anybody doubts this, let him go to one of the nicer hotels, and be put into a good room; let him be bathed in bed, fed in bed, given toilet service in bed, have the linen changed six times, and be waited on 37 times in 24 hours. He would have to float a bond issue to get out!

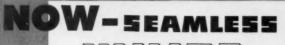
In spite of all of these values, many of our doctors had not stopped to consider and to compare hospital prices with those of depression times. For instance, during the depths of the depression we received \$10 a day for our private rooms; today, the charge is \$13.50. But at the same time, during the depression our newspaper was purchased on the street for \$0.02; today it is \$0.05, or a 150 per cent increase. However, our doctors had become disturbed and were talking about the high prices and complaints of the patients, doing very little or nothing to explain the increase and calm the criticism.

Realizing that the doctors did not keep up with the changing economy in our hospital, the chairman of our program committee talked to me about what could be done.

We arranged a program which revitalized the thinking of the doctors. Many of them have said they just did not realize what it cost to run a good hospital. Since we introduced the "Know Your Hospital" program, our best boosters are the doctors. They are the first to explain to the patient why it is costing more to run a hospital than ever before. Presented at a regular medical staff meeting, the program consisted of 11 talks given by representatives of various departments.

In addition, Hillcrest planned what we termed our annual all-day family picnic, so designed that every employe, including student nurses, supervisors, maids, porters, doctors, administrator and all, could attend. We had a bathing beauty contest, side shows, barkers—a great program! We did this to sell the hospital to the employes—we continue





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endlessly to inform them of their hospi- staff, and, of course, with the trustees tal and its cost of operation,

Ten years ago we were in bankruptcy, in the hands of the receivers, averaging 69 patients. Since that time we have raised more than \$3,000,000 in ourside contributions, average over 300 patients per day and have one of the finest nursing schools in the land, fully approved by all medical rating bodies. We have discounted all the bills, have a large bank balance and have a sizable sum for an endowment started. We believe public relations pays, first with the American Medical Association and employes and second with the medical American College of Surgeons, the staff

and the community as a whole.—BRYCE L. TWITTY, administrator, Hillcrest Memorial Hospital, Tulsa, Okla.

Dedicate Wing at Columbus

Recently dedicated by his Eminence Francis Cardinal Spellman, the new seven-story wing of the Columbus Hospital in New York City has notably expanded the hospital's progressive program of medical and surgical facilities.

A voluntary hospital, recognized by



The cardinal dedicates the new wing.

and patients are admitted without regard to creed, color or national origin. All departments are supervised by diplomates of specialty boards.

Saint Frances Xavier Cabrini, a little Italian nun later known as Mother Cabrini, founded the institution 50 years ago in two small houses on the site where the new wing now stands. It was she who founded the order of the Missionary Sisters of the Sacred Heart and established Columbus Hospital as the first of seven which stand today.

With the expanded facilities and advanced equipment an active program for the immediate assimilation and use of every new accepted development in medical care is in progress:

1. Monthly conferences will be held in the large new auditorium with outstanding medical authorities invited to discuss new methods and discoveries.

2. Extensive clinical research projects will be undertaken in every department. Already research is in operation for the free heart disease detection clinic. Special free care for school children who have suffered rheumatic fever or show symptoms of other cardiac hazards will be given on the recommendation of the teachers.

3. Cancer and tumor detection clinics will make use of the new x-ray department, which in the near future will be equipped to administer various radioisotopes.

4. New methods in critical chest. lung and heart surgery are being further explored.

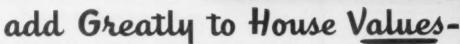
5. The new bone and cartilage bank with which the traumatic and orthopedic department is now equipped extends to the patients the most recent development in orthopedic procedures.

6. The neurosurgery and neuropsychiatry departments are undertaking a study of the factors involved in the startling increase of mental illness and maladjustments among adolescents and juveniles. - VICTOR CARABBA, M.D., president, medical board, Columbus Hospital, New York City.









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> Soak the trays in a hot solution of Oakite Compound No. 84-M for 20 minutes. Wipe with a rag. Rinse.

RESULTS? Excellent. Considerable amount of insoluble matter removed and trays brightened nicely. Trays, unused because of appearance, are now back in service.

ADVANTAGES? No scrubbing or scouring—personnel are free to do other jobs during the tray-soaking process. No abrasions to damage the surface, harbor bacteria. Trays last longer.

USE Oakite Compound No. 84-M to remove stains from coffee cups, cream pitchers, coffee urns, wash bowls, toilets, terrazzo floors . . . remove hard water salt deposits from chinaware . . . clean white tile. Ask your Oakite man, or write Oakite Products, Inc., 18A Thames St., New York 6, N. Y.



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Youngsters Do Yeoman Service

Nine young women, ranging from high school juniors to college sophomores, and one young man were introduced to many different phases of hospital work at the Community Hospital of Geneva, Ill., last summer.

The fact that Community Hospital has had no nursing school for some years did not deter the staff in its effort to interest young people in the nursing profession and in hospital work in general by giving the group useful, practical training which also benefited the hospital.

Six young nurse's aides were given demonstrations and class periods by one of the regular staff nurses, Mrs. Rex Pelley, under the general supervision of the assistant superintendent, Olivia Smart. At least one of these girls enrolled for nurse's training this fall.

Two girls were from Batavia: One said, "and is he worked in the hospital office and the 10 years, this is other was in the laboratory. A college freshman home economics major aided professionally."



Some high school and college students who helped Community Hospital.

in the kitchen under the supervision of Esther Kiner, hospital dietitian. The premedical student, the only man on the summer squad, attended to chores in the operating room.

"The hospital was glad to have these young people for the summer period," Bertha Harding, administrator, said, "and is hopeful that, as in the last 10 years, this introduction will persuade some of them to enter the hospital field professionally"

Reader Opinion

Too Small!

Sirs:

I am referring to plans reproduced on page 57 of the July issue of The Modern Hospital, the lettering of which I cannot read without a magnifying glass, which, to say the least, is annoying. In some places in this plan the windows, which have too many lines, reproduce as a solid wall. Your comments on this would be appreciated.

Would it be of interest for architects to criticize and ask questions concerning plans reproduced? While this might cause some hard feeling, it might also bring out many points of interest. I refer to the plan reproduced on page 61 where the patient in the bed faces the light, which we consider to be bad, and the bassinet is in a room without an outside window, which is contrary to

From the foregoing you will see that your magazine is carefully reviewed in our office!

W. H. Tusler

Magney, Tusler and Setter Architects Minneapolis

How Many Patients?

Sirs:

On page 47 of the June issue of The MODERN HOSPITAL is an article entitled "Dietitians Needed," which sets forth what the dietitian can do.

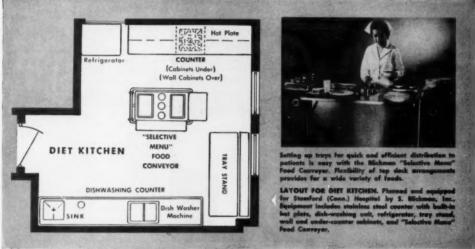
Briefly, I gather that she should be able to take care of 135 patients plus the meals for necessary personnel plus 30 special diets. This is supposedly on good dietetic authority. Who are the authorities quoted?

Does that include the buying and bookkeeping that goes with it, hiring of people, and all storeroom duty? By storeroom duty I mean putting cases from halls into storerooms, opening cases, putting cans on shelves, taking inventory, and keeping the shelves supplied.

Taking care of 135 patients and personnel I can accept. Also I can understand special diets, for just at present I have 25 in a 91 bed hospital. But—please consider—all that plus all store-room duties and buying plus book-keeping plus 30 special diets. Obviously the dietitian plans menus plus special menus, and if out of 30 special diets



palatable meals for your patients ...the result of proper DIET KITCHEN PLANNING



• The importance of serving palatable, kitchen-fresh food to patients cannot be over-estimated in terms of patient morale, hospital reputation and the elimination of food waste. When you consider how much of your hospital's dollar goes toward food, its preparation and serving, the method of its distribution becomes of paramount significance.

Good technic avoids central tray service. This method requires the setting up of individual portions in the central kitchen. By the time the patient is served, he gets dried-out foods, cooled-off hot dishes, congealed gravies, softened butter and ice cream. Improved practice employs "Selective Menu" Food Conveyors, which transport food in hot bulk form, from central to diet kitchens. There the conveyor is set up as a serving station. Food is distributed, with a minimum of time and effort, and the patient gets it still fresh and appetizing.

The Blickman-Built "Selective Menu" Food Conveyor provides a variety of top deck arrangements to accommodate various menus. It is the only food conveyor made with seamless, crevice-free top and body. This improves sanitation, makes cleaning easy. Other features offer important advantages to efficient and economical procedures.

Now might be a good time to let Blickman hospital consultants assist you in planning your diet kitchens. For the experience which has proved of value to so many leading institutions, will prove of benefit to you, too.



Seed for a copy of the JANUARY issue of TRENDS containing a complete story on "New Technics In Mospital Food Distribution," or ask to be put on our mailing list. Our catalogs T-4 (Food Conveyors) and 10-CBC (Cobinets and Casework) are also available upon request.

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half are salt free, or fat free, with some high calories, I can do it. But when there are five or six diabetics, 500 mg. calcium, 500 calorie obesity, hypertension, Meulengrachts, anti-acid [high carbohydrate, high protein, low fat high vitamin] (one diet), I believe the dietitian will soon be a hospital patient needing a special diet to build her up. She becomes a liability rather than an asset after 18 months of strenuous effort and should carry hospitalization insurance

There are slipshod ways and methods

thinking in terms of correct diets con- especially to cover days off and vacation sisting of enjoyable meals, at least as well prepared as I should like to have presented to me.

This is not intended as a sarcastic comment. I have been a dietitian for 18 years. In a large hospital where there are nine dietitians, no one dietitian covers that much ground. In a small hospital one dietitian is also storeroom man and buyer besides doing, in addition to main kitchen work, the work of a therapeutic dietitian. In fact more than 30 special diets (30-50) call for a that can be used as short cuts, but I am therapeutic dietitian plus an assistant,

periods.

Also in a small hospital, to get a day off, a dietitian must do double work the day before and catch up the day after. To get a vacation she must do double duty for two weeks ahead.

I might say that without a diet kitchen (all food being prepared in one small kitchen) 25 diets need space on the stove and table. Then to put all of the food into a food conveyor and unscramble it on the floors needs levelheaded thinking besides space that is not available.

S.I.K.

Purchasing

Sirs:

I have just read "Food Purchasing Calls for Careful Planning" in the August issue of The MODERN HOSPITAL. My compliments to you, Mrs. Mohr, Mr. Vanderwarker, and Mr. Rodde! That was an excellent round table, and I am passing it on to our steward and dietitian, who I am sure will get some excellent ideas from a study of this presentation.

> Fraser D. Mooney, M.D. Director

Buffalo General Hospital Buffalo, N. Y.

A Sound Formulary

Sirs:

May I congratulate The MODERN HOSPITAL for presenting the round table on reducing the hospital formulary in its July number. The participants defined the problem (especially pressing in the smaller hospital) and provided a realistic approach to its solution. Many of your readers would doubtless also be interested in what we have been doing at the Sharon Hospital (55 beds) during the last two years, to the satisfaction not only of our medical and administrative staffs but of our governing board.

Our hospital administrator, Thomas E. Kinnane Jr., instituted procedures whereby a committee of the medical staff has reduced an unwieldy and economically unsound drug stock; and exercises controls which keep the stock both small and efficient-with little sacrifice of the doctors' time and even less impairment of their tempers. He presented a paper on this subject before the New England Hospital Assembly at Boston, in March of this year.

Theodore S. Ryan President

Sharon Hospital Sharon, Conn.



St. Margarel's Mercy Hospital, Fredonia, Kansas, Architects: Lorents Schmidt, McVay & Peddie, Plumbing & Heating Contractor: Ripstra-Turner Co.





(Above) Tyrrell, K-12855-A. Vitreous China siphon jet Flushing Rim Service Sink. (Left) Greenwich K-12733-A. Vitreous China Largiory with back, gooseneck spoul.

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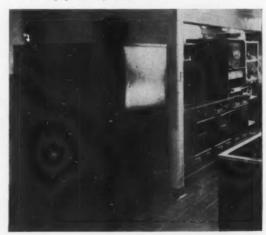
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world-wide dependability

PHYSIOLOGIC THERAPEUTICS THROUGH BIORESEARCH

Vol. 77, No. 4, October 1951

Published by Clay-Adams Co., Inc.



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Showrooms also at 308 W. Washington St., Chicago 6, III.

Clay-Adams

Safety-Head Centrifuge Ideal for Wintrobe Hematocrit Test

RADIUS OF CENTRIFUGE SWING INFLUENCES SETTLING RATE



In the original technic for determining the blood sedimentation correction factor for the V.P.R.C. (volume packed red cells), Dr. M. M. Wintrobe, of the University of Utah School of Medicine, specified 30 minutes centrifuging at a speed of 3000 R.P.M. Since the efficiency of centrifuging varies directly with the radius of the swing and as the square of the speed, the variation in the radii of the swing on different types of centrifuges is an important factor.

Tests run by Dr. G. E. Cartwright, Dr. Wintrobe's associate, have produced some interesting and valuable data — namely, that on the

conventional, horizontal, free-swinging type of centrifuge, a relative centrifugal force (R.C.F.) of 2250 was required to produce maximum packing of the red cells in centrifuges.

Simultaneous series of tests run on the Adams Safety-Head Centrifuge (Model CT-1002) showed that a maximum packing of the red cells was attained with an R.C.F. of 1450 in 30 minutes. This proved that the Adams Safety-Head Centrifuge had approximately 35% greater efficiency than the conventional, horizontal, freeswinging centrifuge.

As a result of these tests, Dr. Cartwright states that this instrument is satisfactory for the doctor's office and adequate for determining VPRC.

Since many clinical centrifuges now in use give a speed of 3000 R.P.M. without the required R.C.F., it is suggested that centrifuges used for this purpose be re-evaluated. Form No. 196R9, available from Clay-Adams, contains complete instructions for determining R.C.F.

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Uterine Cancer Detection
Kits
Blood Analysis Instruments
GOLD SEAL Slides & Cover
Glasses
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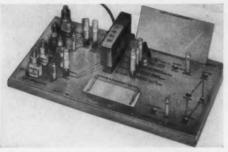
Detailed descriptions on the following may be obtained from Clay-Adams on request by number:

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Polyethylene Tubing and Accessories			
			309R5
R.C.F. Calculations	Form	No.	196R9

Newsletter

FOR THE MEDICAL AND BIOLOGICAL SCIENCES

Number 6 of a Series



Brown Blood Typing Board Cuts Down Human Error

Blood typing prior to transfusion places a grave and unique responsibility on the laboratory technician. Here is one laboratory routine where the physician is inclined to rely on the technician's findings. Usually, laboratory results are used as checks against case histories and physical findings.

Serological tests, however, stand alone. Negative results are as significant as positive; there are few inherent checks in the tests, and they are often performed under great pressure. This, plus the increasing complexity of crossmatching and agglutination tests in the past five years, has greatly increased the chances for human error. The technician who is entrusted with the laboratory tests related to blood transfusion must have a thorough training and understanding of the procedures.

The Brown Blood Grouping and Cross Matching Board was developed in the Blood Bank of Duke University to minimize these dangers. All routine procedures are indicated directly on the board. Each bottle and tube is of distinctive shape and fits into its own hole. All tubes and bottles bear permanent labels, with identifying colors, and the technician is compelled to complete typing and crossmatching of one sample before proceeding to the next.

Polyethylene for Gastric Tubing

Clay-Adams animal-tested polyethylene tubing is practical for use as a gastric tube, particularly in premature and other infants where there is a defect in the sucking mechanism. Animal-tested polyethylene can be left in place for long periods of time without tissue reaction. It can also be used for tube feeding in adults. Because it has a non-wetting surface, polyethylene does not tend to clog.

Tube Making—Gastric tubes are easily made by one of two ways. A suitable form, such as the tapered end of a centrifuge tube, is heated gently and the tubing slipped into it while it is rotated. The polyethylene takes on the shape of the tip of the test tube. In the second method, half of a gelatin capsule is slipped over the end of the tubing. This facilitates passage of the tubing, and once in the stomach the gelatin dissolves away from the open end of the tube.

For Coupling the tubing to a syringe, a variety of Luer-lock couplers is available. The tubing is sealed securely in place by using a heat flare without cutting down the lumen of the tube. Animal-tested polyethylene tubing is available from Clay-Adams in 23 different sizes, from 0.011 to 0.50 inches inside diameter.

Centrifuge Tube in a Stand Simplifies Urinalysis

A step is saved in urinalysis by using a Clay-Adams urinometer float and centrifuge tube in a special stand. These tubes require only 15 ml. of urine. Specific gravity determinations are made while the tube is in the stand. The same tube can then be centrifuged for examination of urine sediments, thus saving a step in the procedure.



Clay-Adams Company, Inc. 141 EAST 25TH STREET, NEW YORK 10, N. Y.

Prominent Contemporary Hospitals

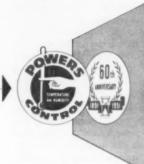
Pueumatic Pueumatic Pueumatic Pueumatic Pueumatic Control



Proper temperature—external and internal, hastens recovery of patients.



Lee County Hospital and Health Center, Opelika, Alabama Architect and Engineer: Charles M. McCauley, Birmingham, Alabama Contractor: Capital Refrigeration Co., Inc., Montgamery, Alabama



Powers control provides optimum temperature and humidity for patients, doctors and nurses, in operating and recovery rooms, delivery and X-ray rooms and nurseries, private rooms and wards.

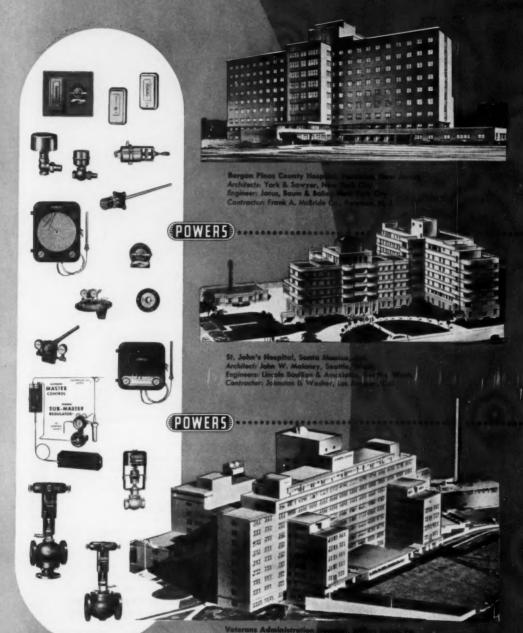


John Sealy Haspital, University of Taxus, Medical Branch, Calveston, Toxa Architects: C. H. Page & Son, Austin, Texas Consulting Architects: Eggers & Higgies, New York, N. Y. Mechanical Engineers: Zumwalt & Vielher, Dallas, Texas Contractor: Farwell & Company, Dallas, Texas



Sparks Memorial Hospital, Fort Smith, Ark. Architect: E. Chester Nelson, Pt. Smith, Ark. Engineers: Carnahan & Thompson, Oklahoma City, Okla. Contractor: G. W. Shirley & Son, Van Buren, Ark.

For Greatest Comfort and Lowest Maintenance Cost Use POWERS Control



THE POWERS REGULATOR COMPANY Established 1891—Offices in Over 30 Cities—See Your Telephone Directory GENERAL OFFICES AND FACTORY—SKOKIE, ILL. 3400 Ookton Street — Phone Skokie 6700



he surgeon reaches for a scalpel..he bends over the patient.. the operation may last 2-3-4 hours. His freedom of move-ment and comfort are vital to the operation's success. Angelica operating gowns provide that comfort and freedom of movement ... no binding, no looseness and completely capable of withstanding the punishment of long operations.

ANGELICA SURGEON GOWN...STYLE 606

- 1 Roomy raglan sleeves for freedom of movement.
- 2 Tunnel belt and reinforced voke for greater comfort.
- 3 Absorbent snug-fitting double stockinette cuffs.
- 4 Overlapping back panels for greater sterility.
- 5 Full-cut, 54-inch finished length, full sweep.
- 6 "Green-Line" combed yarn bartacked tape ties.

Wide choice of exclusive Angelica fabrics, colors: jade green or white.

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CONSTANT RESEARCH MAKES ANGELICA FIRST IN HOSPITAL APPAREL DEVELOPMENT





Airkem Mist dispenser for sudden



Airkem Wick Bottles service approximately 100 sq. ft. Tamperproof wall cabinets available for nermanent locations.



Airkem Osmefan H-2 treats approximately 300 sq. ft. Airkem Osmefan V-4—approximately 600 sq. ft. Airkem Osmefan H-8—approximately 1,000 sq. ft.



Airkem Wikfloat may be attached to "packaged" air conditioners to service intermediate spaces. Osmetrol. AE, for large contral systems. Hospitals report that kitchens and eight other areas listed below are the common sources of unpleasant odors that can damage your visitor relations, your patient relations and your staff relations.

More than 1000 leading hospitals use Airkem to kill these odors, because Airkem counteracts odors as soon as they occur... before they can spread. Airkem gives uninterrupted, around-the-clock odor protection and conveys an air-freshened effect.

Airkem combines chlorophyll with more than 125 compounds found in nature to produce an odor counteractant of highest efficiency. Compounded under strict laboratory control, Airkem's exclusive formula gives you a quality obtainable in no other deodorant, plus uniformity and peak performance.

You receive continuous odor counteraction service through Airkem's Regular Service Plan. Your Airkem service man is available for checking and replenishing your supply of Airkem regularly. Your hospital is odor-protected every moment!

Ask your Airkem Supplier to make a free survey of your hospital—without obligation—to determine where and how Airkem should be used for greatest efficiency and economy. Call him today. Or write Airkem, Inc., 241 East 44th Street, New York 17, N. Y.

Odor-protect in all 9 trouble areas:

1 ODDROUS DISEASES 4 PATHOLOGICAL LARS 7 RITCHERS
2 AUTOPSY ROOMS 5 LAVATORIES 8 UTALITY ROOMS
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THE ODOR COUNTERACTANT FOR PROFESSIONAL USE



 $a n n o u n c i n g \dots$

you can see the difference... it's UNGROUND!

Here's the most important development in syringe manufacture since B-D first introduced the all-glass hypodermic syringe in 1898...a syringe with a clear, microscopically-smooth, unground barrel.

This means a syringe that lasts longer under constant use because of . . .

- 1. LESS FRICTION between plunger and barrel... syringe-wear and resulting leakage are virtually eliminated.
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 its cohesiveness...its natural resistance to breakage has not been destroyed by grinding.

.THE B-D Dynafit SYRINGE

Available in 2 cc., 5 cc., and 10 cc., syringes with LUER-LOK® tip through leading surgical dealers.

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BECTON, DICKINSON and COMPANY, Rutherford, New Jersey

Isn't this exactly what you want in a Hospital Screen?

- Lightweight. The lightest all-purpose hospital screen ever designed—only 4½ pounds! So easy to lift or move or store.
- Stardy. One-piece tubular aluminum frame, anodized for lifetime satin finish. Glider base plus self-locking hinges make this screen virtually tip-proof.
- Easily Maintained. Panels of durable Goodyear Vinyl require no laundering. They can be cleaned in a jiffy with light germicidal solution—without removing from frame. "Snap-out" curtain rods permit split-second replacement of panels.
- Eye Appeal. Beautiful Vinyl panels in a variety of cheerful colors—blue-gray, pastel rose, pastel green, or white. Satin-finish aluminum frame.
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- Low Cost. Compare this PRESCO feather-life Screen, feature for feature, with any other. Then compare costs. The PRESCO Screen, complete with Vinyl panels—only \$3990! Extra screen panels, \$200 each. (Without panels, \$3600).



which show the true beauty of these Vinyl panels. Address PRESCO COMPANY, INC., Hendersonville, N.C.

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Feather-life SCREEN

for low-cost functional beauty

PRESCO Identification System

provides positive identification . . . easier and quicker!

◆ For both baby and adult patient identification, the PRESCO SYSTEM provides positive identification with an absolute minimum of preparation and application time. A soft, pliable plastic bracelet (pink, blue, or white) is slipped around wrist or ankle. Won't come off until it's cut off. Paying for itself in hundreds of hospitals.

Write for Free Samples and the complete story. Address PRESCO COMPANY, INC., Hendersonville, N.C.



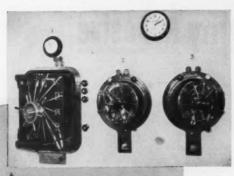
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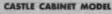
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Why is "Monel construction" so important in sterilizers?



WILMOT CASTLE PRESSURE-TYPE

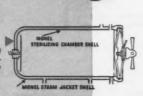
sterilizers for recessed instellation handle a veriety of jobs in the modern contral supply room. Shown here are two cytindrical Monal units, used in combination with a rectangular bulk surgical supply sterilizer having chember and door liner of Lukens Monel-Clad Steel. Also employed in Castle blanket and mattress sterilizers, Monel-Clad Steel provides high correction existence at me accessingle cast.



Important features of Castle's No. 1086
Cabinet Model instrument washer-steriliser are its corrosion-resisting Monel pressure chamber, let sturdy Monel instrument containers, and its Nickel-Chromium stainless steel finishing jacket.



shows construction details of Monel steam jacket and sterilizer chamber shells in Castle Dressing Sterilizers.



Take time to think that question over. And to be certain of the answer, just do this-

Count up the extra advantages you get from

Here you have a metal that never needs to be pampered, even in exceptionally severe hospital service. Monel takes hard, continuous use without complaint, for there's nothing to chip, crack, peel off or wear away. Monel is solid metal. It is strong...tough...hard...all the way through.

What's more, Monel is highly resistant to corrosion and staining. It stands up against heat, steam and moisture—against acids, alkalis and a long list of hospital solutions.

As for cleaning, that's no problem, either. Plain soap and water are usually all you need to keep Monel bright and sanitary. However, if you want to use cleansers occasionally, go right ahead. Remember, there's no scrubbing away Monel's good looks! That attractive, satiny lustre is permanent—because it extends through the full thickness of the metal.

No wonder leading equipment manufacturers like the WILMOT CASTLE COMPANY, whose equipment is shown here, now offer you Monel construction in a wide variety of sterilizers.

You can, for example, have Monel construction for pressure chamber and steam jacket shells, as well as for trays and racks, in all Wilmot Castle pressure-type cylindrical sterilizers and water sterilizers. You can order your instrument washer-sterilizer with a Monel pressure chamber. And specify solid Monel bodies with Monel trays and supports in non-pressure instrument and utensil sterilizers, too.

Although Monel is being diverted to vital defense uses, essential civilian needs are still being met. So be sure to include the words "Monel construction" on your requirements for new sterilizers.

For detailed information about Monel-equipped sterilizer models, write WILMOT CASTLE COMPANY, Desk GM, Rochester 7, N. Y.



THE INTERNATIONAL NICKEL COMPANY, INC. 67 Wall Street, New York 5, N. Y.



ALWAYS A WISE CHOICE FOR HOSPITAL EQUIPMENT

45% reduction in skin irritation with new Curity Adhesive

The incidence of irritation was about half that of all other leading brands in impartial clinical tests.*

There has been a rather sensational improvement in adhesive tape, and you will be interested in the story behind it.

In 1937, after many years of research aimed at reducing skin irritations caused by adhesives, the makers of Curity Adhesive made a major change in the composition of the adhesive mass. Contemporary tests in a well-known university's dermatology department proved Curity was the least irritating of all leading brands.

That 1937 report was encouraging, but we were not yet satisfied. Though we had reduced skin irritation to a degree not previously believed possible, we kept right on working to produce an even more satisfactory adhesive.

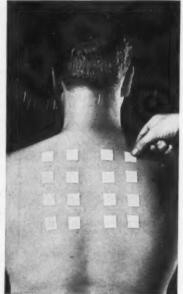
As a result of constant study we have now developed a new adhesive that cuts irritation just about in half. This is the largest single step ever taken in adhesive improvement.

To test the precise degree of this tremendous improvement, we commissioned a leading New York laboratory to test the new Curity Adhesive. Its report follows:

Proportion of individuals who react to adhesive:

	7-Day Tes
New CURITY	18.2%
Former CURITY	33.2%
Brand No. 1	38.4%
Brand No. 2	35.0%

Figures include even minor erythema, not usually counted in test reports.





(BAUER & BLACK)

Division of The Kendall Company

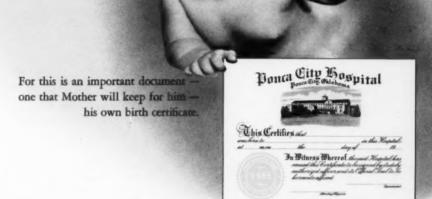
STICKS BETTER, TOO

Using sixteen assorted adhesive panches per individual in irritation tests, it was also noted that new Curity Adhesive stuck more easily and stayed on better than any other brand tested. This, then, would appear to be the best adhesive available to the profession today.

 Report by Killian Laboratory—summary available upon request.

MINE!

Ves, its his ... and always will be ...



A very special birth certificate, too — because it's a Hollistet movibud Birth Certificate — a personal gift from bis hospital, the hospital where he was born.

This beautiful certificate is a gift his parents are proud of, and will treasure always. It's an authentic record of the arrival of the most important addition to the family ... and a constant reminder, through the years, of their hospital's friendly interest.

A Hollister model Birth Certificate — the finest made — is a gift that you will be proud to present to the

parents of each baby born in your hospital. These certificates are reproduced in beautiful deep-etch lithography by expert printer craftsmen. The finest paper is used -100% new cotton rag Diploma Parchment. Hollister certificates last for generations, never discolor.

Hollister birth certificates are available in a variety of styles. Each of these, illustrated in the 1951 portfolio, is an original design by a distinguished artist.

Send today for this portfolio, and select the motibal Birth Certificate you want to represent your hospital.

Franklin C. Hollister Company GOODWILL BUILDERS FOR HOSPITALS

Please send me by return mail:

1951 Birth Certificate portfolio
Sample Hollister Inscribed
Birth Certificates

MAME	
HOSPITAL	

843 NORTH ORLEANS ST., CHICAGO 10, ILLINOIS

Birth Announcements for Vour Hospital

AND A NEW SOURCE OF INCOME



The birth announcements that are designed especially for babies born in your hospital—Certific-ettes—actual reproductions, in miniature, of Hollister meribal Birth Certificates.

sell at a profit

Your profit on the sale of only 100 boxes of Certific-ettes (24 announcements per box) will amount to \$90.00. Sell 400 boxes and you will have a clear profit of over \$560.00!



popular with parents

Parents of babies born in your hospital — like all other new parents — want to send their friends and relatives a birth announcement that is different. CERTIFIC-ETTES are the answer. See how pleased parents are when they find these unusual birth announcements at your hospital.

Free booklet for your maternity patients

With every 100 boxes of Certific-ettes you order, you will receive 400 maternity booklets, without charge. These cheerful, illustrated booklets include 16 pages of helpful information for mothers-to-be — plus a personal message from your hospital, and an actual sample of your Certific-ette birth announcement.



Prospective mothers will appreciate your thoughtfulness in providing these informative booklets—use them to introduce maternity patients to your hospital.

See for yourself how your hospital can earn extra income — and make new friends — with Certific-ette birth announcements and maternity booklets.

For complete information and actual birth announcement and maternity booklet samples, send today for the new Certific-ette portfolio.

Please send me the NEW Certific-ette portfolio — with price list showing profits to be earned — sample birth certificate, birth announcement, and maternity booklet.

FRANKLIN C. HOLLISTER	R Co 843 N.	ORLEANS ST.	CHICAGO 1	0
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HOSPITAL	 	

From Maine to California . . . From the Great Lakes to the Gulf . . .

61 hospital campaigns used this Pioneer Firm's services during recent years

Objecti	ves	§31	,324,883
Raised		32	445,191

There Must Be a Good Reason

- 3 were calling on us to serve them for the third time.
- 13 were calling on us to serve them for the second time.
- 4 have already asked us to return for second appeals.

OVER 40 YEARS OF SUCCESSFUL EXPERIENCE IN HOSPITAL FUND-RAISING serving hundreds of hospitals.

Does your Hospital Need Funds for Expansion or Development?

It will "pay" you to consult us regarding your situation.

At your request we will confer and advise with you, without obligation or cost, and place at your disposal this firm's long and comprehensive hospital financial service and nation-wide experience.

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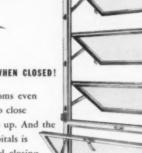
STONEWALL JACKSON MEMORIAL Lexington, Virginia



Auto-Lok

for HOSPITALS

HEALTHFUL, NATURAL VENTILATION NO MATTER HOW HARD IT RAINS...





YET IT SEALS LIKE A REFRIGERATOR WHEN CLOSED!

Think of it! Refreshed, healthier rooms even in rainy weather -- no need to rush to close windows when sudden showers come up. And the quiet atmosphere so necessary in hospitals is never disturbed by noisy opening and closing. Auto-Lok windows operate silently with mere finger-tip control. Actually, Auto-Lok windows save you fuel costs: patented locking principle seals tighter than any window ever made to reduce air infiltration to an unheard of minimum. Constant adjustments and maintenance are eliminated,outside may be cleaned from the inside. You'll find Auto-Lok the Perfect Window for your hospital!



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SEALED LINE A REFRIGERATOR Viny! weatherstripping, plus Auto-Low's new principle of locking reduce air infiltration to a new low -- lower heating and air condition ing costs, no more cold spots around windows.



Architects and designers everywhere call on Ludman's Engineering Service to assist in window planning. Why don't you?

You should read "WHAT IS IMPORTANT IN A WINDOW?" before you design, build or remodel. Ask us to send a copy of this booklet. Write Dept. MH-10.



Auto Lok vents open nearly straight out to give more fresh air to patients and staff in any weather, anywhere... allow outside cleaning from the inside.

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The first turn of the operator opens bottom vent only, to provide draff-free circulation -- ideal for night -- or cold weather ventilation in hospitals.



CUTS WORK WEEK 25 HRS.

at Sonoma State Home,

As part of the long-range modernization plan of the State of California for its mental institutions, a new laundry building was erected at Sonoma State Home. An American Laundry Advisor was called in to aid in planning the new laundry. After a detailed survey, he submitted a layout for the laundry and recommended new, high-production American equipment to handle the Home's increased volume.

Since installation of new equipment, the Home's laundry supervisor reports 25-hours reduction in the work week . . . faster return of linens to service . . . better quality work . . . and lower costs.

The services of an American Laundry Advisor are available to hospitals large or small, without any obligation whatever. Write Today to have him call at your convenience to discuss the savings you can realize with a new American-planned laundry or by modernizing your present facilities.

Every Department of Your Hospital Depends on the Laundry.



In Seneme State Home's modern laundry, 7 CASCADE Automatic Unloading Washers with Full-Automatic Washing Centrols save laber, water and supplies, and greetly speed up preduction. Beyond washers are three 54" NOTRUX Extractors, and 60×96" ROTAIRE Continuous Shakeaut and Conditioning Tumbler which prepares large flatwork for faster ironing.



Suger Spreader (left) delivers conditioned sheets fully opened up to feeders at 8-Roil STREAMLINE Ironer. At delivery end of Ironer, TRUMATIC Folder automatically quarterfelds sheets lengthwise, so that only one receiving operater is needed. Small Retwork is conditioned in 34x72" ROTAIRE Tumbler and delivered by conveyor to feeders at 6-Roil STREAMLINE Ironer at right.



a promising outlook

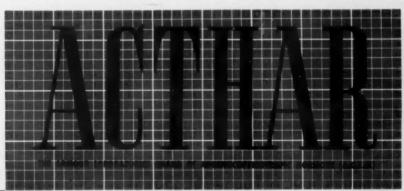


in acute rheumatic fever

ACTHAR, instituted early and in adequate dosage, gives promise of lasting results in rheumatic fever.

ACTHAR, in an increasing number of rheumatic fever patients, has shortened the course of the disease, minimized residual cardiac damage and probably reduced mortality. Systemic signs and symptoms of rheumatic fever usually disappeared within three days—the acute rheumatic process was brought under control, and the electrocardiogram and enlarged heart returned to normal, with regression of pathologic murmurs. Marked cardiac failure, however, necessitates special caution, since sodium and water retention may be produced.

ACTHAR is available in vials of 10, 15, 25 and 40 U.S.P. Provisional Units. One milligram of the Armour Standard for ACTHAR is now accepted as the International Unit; the biologic potency of one International Unit is equal to the biologic potency of one U.S.P. Provisional Unit.





LABORATORIES

CHICAGO 11. ILLINOIS

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Val. 77, No. 4, October 1951

-Are you SURE of getting



In construction products CECO ENGINEERING

Critical-Material products?

You can depend on CECO Today...Tomorrow

Maybe you haven't worried about where you get steel windows, steel joists, steelforms and reinforcing steel, but in the uncertain times ahead, it's important that you take a critical look at the source of your supply. If you have used Ceco products, you know from both past and present experience that you have a supplier you can count on. If you have not used Ceco products, it will pay you ... not only for today, but for tomorrow ... to examine Ceco service.

First, look at the record: Ceco has a 39 year history of leadership and experience. Next, look at Ceco's production policy: In all Ceco prod-



ucts it's engineering excellence that makes the big difference. Creative imagination . . . painstaking research . . . careful, constant testing of results . . . all of these things work together to insure future deliveries of the same high quality as those being made today.



SPECIFY CECO FOR ON-TIME DELIVERY

Look at the distributing policy that assures delivery of available Ceco products when and as you need them. Look at the 15 Ceco warehouses and hundreds of dealer and distributor stocks that make possible this on-time service. When you buy Ceco, you buy dependability.

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Offices, warehouses and fabricating plants in principal cities

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Steel Windows and Doors * Steel Joists and Roof Deck Steelforms * Reinforcing Steel * Metal Frame Screens Aluminum Storm Windows * Combination Windows and Doors * Metal Lath * Roofing Products



"Their friendly beauty gave me a lift"



Ever notice how faces brighten and spirits lighten ... when a patient receives flowers?

To save you time and trouble, too, your F. T. D. Florist delivers fresh flowers...prearranged ...in "long life" chemically treated water.

There's no extra work . . . no extra handling with F. T. D. FLOWERS!





COLOR adds Beauty



BOLTA adds Color

with BOLTABEST Laminated Trays in 5 Modern Textural Patterns each in 6 Decorator Colors

Only BOLTA has perfected the techniques that make possible this combination of laminated patterned color and outstanding durability.

- In sizes 12x16, 14x18 and 15x20.
- Non-porous, Satin-smooth Surfaces
- Impervious to Cigarette Burns, Foed Acids, Alcohel, Fruit Juices
 Liebtweight, Bloiseless, Fast to Mandia
- Lightweight, Noiseless, Easy to Handle
 Washable in Mechanical Dishwashers
- Will Not Break, Warp, Fade, Spot or Split

Priced far lower than you would expect.

For full color-range and price information, write us at once or see your own dealer.

What is the simplest, most practical, most enduring way of adding the beauty of color to well-served or self-served meals—at almost no extra coat? Laminated Color Trays, of course, exclusive with Bolta. These trays have the stamina to outlast ordinary trays through years of rugged daily use and have the added PLUS of decorator beauty, 30 combinations of pattern and color to choose from. And they cost just a few cents more per tray.

There's a Boltabest Color and Pattern to match your table or counter top, to harmonize or contrast with your present interior color scheme — to give your restaurant a custom color co-ordinated elegance that invites business and makes each meal more delightful.

Also Famous Boltalite Hard Rubber Trays in Sizes 10x14, 12x16, 14x18 and 15x20. Also Boltabilt Trays in Round, Oblong and Oval Shapes, in 15 different Sizes.

The BOLTS

Company

Wise choice MAXICON

Motor-tilt combination provides complete radiographic and fluoroscopic service



Here's the most complete unit in the Maxicon Line. This motor-tilt combination gives you foot-pedal controlled tilting and complete radiographic and fluoroscopic

service. It is equipped with independent tube stand, fluoroscopic carriage and screen unit, two rotating anode tubes and a 200-ma generating unit.

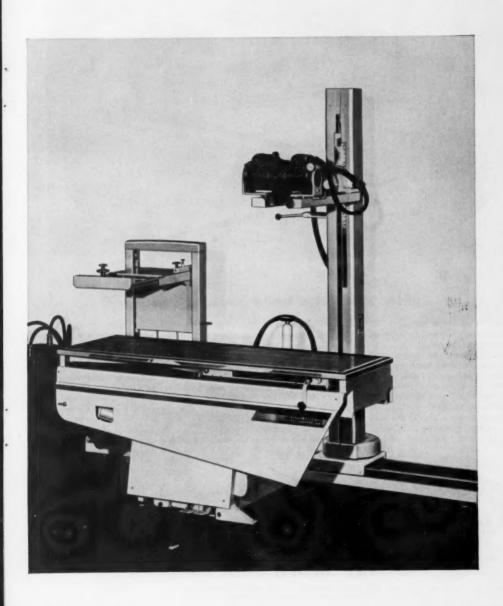
The Maxicon 200 provides complete tube and tubestand flexibility . . . 40-inch radiographic technics . . . fingertip screen movement . . . one-hand shutter control . . . easy-to-operate x-ray control stand . . . a host of other wanted features. Ask for full details about this unit or the complete Maxicon line. See your GE x-ray representative, or write X-Ray Department, General Electric Company, Milwaukee 14, Wisconsin. Room H-10.

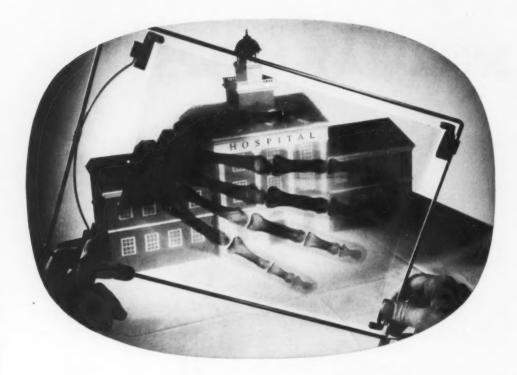
You can put your confidence in-





200 X-RAY UNITS





Hospitals can need X-rays, too

UNDER the surface of hospital routine may lie a costly tangle of clerical waste and inefficient record-keeping.

Listing a patient's background, itemizing costs, classifying him 6 ways from Friday—all pile up paperwork.

But many hospitals are solving this business problem with business methods. They use McBee Keysort cards and machines to boost clerical efficiency and accuracy, lighten the work load.

With existing personnel, without

costly installations or major procedural changes, McBee Keysort Charge Tickets provide a hospital with complete cost-control information at less cost than any other method.

When notched, the pre-coded holes along the edges of each Keysort Charge Ticket make it easy to collect the facts on each patient ... classify them ... file them ... find them ... use them ... quickly and accurately.

For analyzing expenses and income

by contractual classifications, Keysort Charge Tickets, together with McBee Unit Analysis, furnish reports of current and cumulative figures . . . reports that are comparative, flexible, economical and adaptable in preparation.

Other McBee systems put your payroll, accounts receivable, inventory and cost recovery on a businesslike basis.

Call the McBee representative near you-he's trained to analyze your record-keeping problems. Or write us.



THE McBEE COMPANY

Sole Manufacturer of Keysort—The Marginally Punched Card 295 Madison Avenue, New York 17, N. Y. Offices in principal cities.

Will he cast his vote for false economy?



The question before the board is this: "Shall we equip our new hospital with individual room temperature control?" So—if the doubtful gentleman says "No," even with the best of intentions, he will be voting for false economy. Here's why:

As most hospital administrators know, it is becoming more and more routine in medical practice to give each patient the exact room temperature he needs to accelerate his recovery—whether it's 65° or 85°. And this "prescription" can be filled only with individual room temperature controls. No other system can maintain different temperatures in different rooms. No other

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Small Hospital Questions

Work Schedules

Question: We are planning to set up a work schedule and floor area assignment for members of our housekeeping staff. Do you have any suggestions as to how this might be handled? —E.R., N.Y.

Answer: First, I should study the building, or buildings, to find out what, if any, structural deficiencies there were that would influence the working time of the employes. I should have to know the policies of the institution both as to the amount and standard of cleaning to be given, and the labor regulations governing the employe.

In outline, the procedure would be

- Analyze every job in the department.
- 2. Time the various procedures, such as dusting and mopping.
- 3. Estimate the frequency of cleaning operation for each area.
- 4. Determine whether the employe can work without interruption from the pedestrian traffic around him, and also whether the area is obstructed with furniture or whether it is clear.
- Check the time employes must spend waiting for elevators, the distance between refuse stations and hopper closets and the work area, and the availability of supplies.

Determine whether the work can be done by machine or must be done by manual methods.

7. Allocate work loads on: (a) sectional basis; (b) area basis; (c) room equivalent basis; (d) square footage basis; (e) work unit basis; (f) clocked time basis; (g) combination of one or more of these.

The assignment or allocation of work loads is most important and for that reason the different methods merit some explanation as to their operation.

- The sectional basis is one of the most commonly used types of scheduling in hospitals, residence halls and hotels. A "section" may be a whole floor or an entire building. It has very dubious merit as a way of determining work loads.
- 2. The area basis is very like the sectional basis. It is divided arithmetically. For example, a building has 25,000 square feet of floor area, and the budget permits only five cleaning employes. If the area is divided equally,

5000 square feet per employe, inequities are bound to result because some areas are more difficult to clean than are others.

3. The same complaint can be registered against the "room equivalent" basis. Assigning a maid a certain number of rooms, which may be anywhere from 12 to 30, without taking into account the delays and difficulties that may hamper her and the amount of cleaning that must be done in each room is indefensible.

4. The square footage basis is usually used in public buildings and is generally used in office buildings. All schedules and services are based upon a thousand square feet per hour per worker, regardless of how many or how few desks, filing cabinets, and chairs may be crowded into the space.

5. The work unit, or Gilbert formula, often is considered the fairest and most economical. A count is first made of every lighting fixture, the number of square feet of each type of floor covering, the number of lineal feet of movable partitions, and so forth. A time study will indicate the time necessary to perform various services, such as mopping, waxing and carpet cleaning. The final step is to have a count made of every piece of furniture and equipment in each room: chairs, desks, filing cabinets, lamps, couches, clothes trees, cabinets and shelving. On the basis of this count and time study, F. L. Gilbert, who devised the formula, works out a unit for each cleaning job. For example: 1 unit for each 10 square feet of

Conducted by Jewell W. Thrasher, R.N., Frazier-Ellis Hospital, Dothan, Ala., William B. Sweeney, Windham Community Memorial Hospital, Willimantic, Conn.; A. A. Aita, San Antonio Community Hospital, Upland, Calif.; Pearl Fisher, Thayer Hospital, Waterville, Maine, and others.

uncarpeted floor; 1½ units for each 10 square feet of carpeted floor; 1 unit for each bay of shelves; 1 unit for each piece of furniture in the office; 2 units for each "stuff"—so called because desks usually have so much stuff on them. After considerable research, Mr. Gilbert discovered that each worker could accomplish 1200 units of work in a 5¼ hour shift, or about 225 units per hour.

6. The stop-watch technic of scheduling loads on the basis of the length of time taken to complete a cleaning operation. This is the way the R.C.A. building in New York City is handled.

 Many building operators prefer a combination of the Gilbert formula and the clocking system.—ALTA M. LA-BELLE, housekeeping consultant.

Should They Grow Their Own?

Question: We run a small 45 bed hospital with an annual cost of food of somewhere around \$20,000 to \$25,000. We were wondering if it would be smart for us to try te purchase a small farm in an effort to reduce these prices?—W.D.D., Va.

Answer: In most areas of the country the cost of labor very probably would prevent any hope for reduction in your food costs through "growing your own" on a small farm you propose to purchase. So far as I know few if any hospitals or institutions attempt to grow their own food except where patient or inmate labor makes the labor cost fairly negligible. As you doubtless know, a successful farm, whether small or large, also calls for skilled management.

Since your problem may be understood better by professionals in or near your locale, I suggest that you communicate with officers of the Virginia Dietetic Association at Richmond who should be able to tell you if there are any hospitals in your own or near-by states that attempt to produce their own food.

Another suggestion: Many states now employ consultant dietitians who are prepared to make surveys of food services in institutions not having dietitians, with a view toward improving service and reducing costs. The dietetic association could tell you whether there are such consultants in your state or, if there are not, could refer you to a capable administrative dietitian who could spend a day or two with you and make suggestions.—MARY P. HUDDLESON.

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wire from Washington

AID TO NURSING EDUCATION

Congress won't be able to avoid a showdown on aid to nursing education much longer. Action of House interstate and foreign commerce committee in calling hearings on the Bolton bill pulled the subject out into the open, where delaying tactics are not so successful.

Besides reviewing the statistics on the nurse shortage, the hearings also made it clear that there is almost universal support for some kind of bill to underwrite the cost of training nurses.

Strongest opposition to the Bolton bill (H.R. 910) came from American Medical Association. But even A.M.A. said it was not opposed to the general idea, just to the particular bill. Speaking for the association, Dr. Walter B. Martin said this bill would give the surgeon general of Public Health Service "almost unlimited administrative power" in the training program. He also said that, once started, maintenance grants to nursing schools would be almost impossible to stop. The bill has no cut-off date.

Dr. Martin told the committee that a better bill would be one calling for:

 One-time construction grants, strictly on a matching basis, and determined by a formula similar to that of the Hill-Burton plan.

2. Stimulation of nurse recruitment through federal grants to the Committee on Careers in Nursing or some private

3. A temporary program of grants-in-aid to provide scholarships for advanced nursing education. Administered by the states, it would be limited to five years and its aim would be production of nursing instructors.

The A.M.A.'s position, according to Dr. Martin, is that there is a shortage of nursing service, but not necessarily of nurses. He said the 200,000 registered nurses not now active in the profession would return in the face of a national emergency.

Mrs. Bolton took direct issue with Dr. Martin on this. She pointed out that recruitment programs to date have been flat failures and implied the country can't take chance. She said that unless training facilities are expanded, there will be a shortage of 49,000 nurses by 1954.

Through Dr. James C. Sargent (who, incidentally, is chairman of A.M.A.'s committee on national emergency medical service) the health resources advisory committee of Office of Defense Mobilization made a strong appeal to the House committee to report out the bill.

However, he said that the O.D.M. group opposed grants for maintenance of students, in addition to grants to schools and that it didn't think all schools should be blanketed under the same benefits. Among smaller schools, he said, this would "perpetuate uneconomical and inadequate programs."

In the Senate, Mrs. Bolton's program is a part of S. 337, providing for federal assistance to medical and dental as well as nursing schools. The A. M. A. has strongly opposed S. 337 but would favor one-time construction grants to

these schools, along the same lines it proposed for training of nurses.

EWING'S PLAN OUT AGAIN

F.S.A. Administrator Oscar Ewing's plan for government paid hospitalization of social security recipients over 65 again is out before the public, after resting quietly within F.S.A. during the summer months. During this period the proposal was gone over again in detail and drafted for submission as legislation. U.S. Chamber of Commerce came out with a bitterly critical analysis of the program in September, and National Association of Manufacturers also began to take notice of it. Mr. Ewing, meanwhile, began to breathe new life into the idea by stressing it in several of his speeches, particularly that before the Northeastern Regional Conference of American Public Welfare Association at Swampscott, Mass. Whatever is or is not done this fall, Mr. Ewing's plan is certain to be an inviting issue in next year's national elections. President Truman gave Mr. Ewing the go-ahead signal but so far has not formally endorsed the program. It would allow eligible persons 60 days' hospitalization annually, to be paid for out of social security funds. F.S.A. estimates that about 7,000,000 persons would be eligible, counting certain categories of widows and orphans.

FILE SCHEDULES OF REQUIREMENTS

Division of Civilian Health Requirements (P.H.S.) continues to urge hospitals to file complete schedules of their construction requirements when they apply for construction permits. Only this way can the division set aside the essential metals for each quarter of construction.

The appeal is particularly timely, in view of the supply outlook for next year. Because of a lag in building new production facilities, total available supplies of steel, copper and aluminum will not be nearly so large as anticipated. For example, all that can be promised for the first quarter for health purposes is 75 per cent of that used in the last 1951 quarter. This drops down to 50 per cent for the second quarter of 1952, and still lower for the final two quarters. (There may be increases in these totals, but probably no reductions except in a grave emergency.)

P.H.S. is asking that start of new construction be postponed, if possible, until after next year, when scheduled new production should ease the situation. For the present, the Health Requirements Division expects to take care of construction already under way, but it can't be certain.

Incidentally, officials are not displeased with the increase in metals allowed for health activities for the fourth (current) quarter. The increases allow P.H.S. to process another 100 applications, for a total of 800. Specific increases were 7500 tons of steel, a 10 per cent increase over original fourth quarter allocation; 450,000 pounds of copper, a 20 per cent increase.

P.H.S. appealed for the additional metal when it was forced to postpone action on about 150 applications for construction permits and material allocations. Favorable

decision was announced, fortunately, just before the copper strike. Testifying before a House committee investigating steel distribution, Charles Lavin, the Division's deputy chief, said that all but 13 tons of the third quarter steel had been allocated a week before the end of the quarter. At the same time three-fourths of the fourth quarter steel had been allocated a week before the start of the quarter.

OUTLOOK FOR HOSPITAL EMPLOYES

Occupational Outlook Handbook, produced jointly by V.A. and Labor Department, says employment opportunities for hospital attendants and practical nurses will continue good through the early 1950's. It points out that there is a growing trend toward merging the two groups so basic training and requirements for licensing will be similar. The guide cautions, "Without training, it will become increasingly difficult to obtain the most desirable employment"

On registered nurses, the handbook recites the old story: Great variations in salary, shortages although the supply is greater than ever, continued demands far into the future. However, the handbook says, "The opportunity to advance to posts of responsibility is especially good, because of the many administrative, teaching and supervisory positions in this large, expanding profession."

FEDERAL INSTITUTE

For three weeks, starting October 29, federal hospital administrators will be gathered in Washington to look into all their problems. The session is the Fourth Inter-Agency Institute for Hospital Administrators, sponsored this time by U.S. Public Health Service. Previous siriliar meetings have been sponsored by Veterans Administration, army and navy. Keynote talk will be given by Dr. Basil C. MacLean. Also on the schedule are Dr. Howard A. Rusk, Dean Ward Darley of Colorado, Dr. A. W. Snoke, Dr. Martin Cherkasky and Col. W. L. Wilson, assistant administrator for health and welfare, Federal Civil Defense Administration.

RATES UP 161.4 PER CENT

Latest Bureau of Labor Statistics report shows that hospital rates have gone up 161.4 per cent from the base period of 1935 to 1939. It is the greatest increase of any of the health services. Some other items: all physicians' fees, up 44.7 per cent; general practitioners' fees, 44.8; surgeons and specialists, 43.4; obstetrical, 65.2; dentists' fees, 59.4, and prescriptions and drugs, 28.3.

The report says that group hospitalization insurance cost has risen 2.9 per cent since December 1950, when B.L.S. first began counting this item in its cost of living formula.

Total cost of medical care, however, has increased at a slower rate than has any other category on the middle-income family's budget. This was set at an increase of 54.7 per cent above 1935-39. In contrast, many other living costs were up at least twice this figure: clothing, up 104 per cent; house furnishings, 112.5; household operations, 61.7; recreation, 68.3; personal care (haircuts, toilet goods), 93.6, and transportation, 71.6.

LEGISLATIVE NOTES

When one major dispute seemed to be settled, a new one appeared to delay passage of the prescription bill. After holding out for months for a plan under which the federal government would determine whether a drug is prescription or over-the-counter, the retail druggist abandoned the fight and agreed to let determination be made the way it is made now. Then several senators joined government spokesmen in demanding that the government have this power in the cases in which interested parties can't agree on a drug—that is, the industry, physicians and pharmacists.

Proposal for a nationwide survey of sickness may be modified to provide first for a study of procedure for making the survey. This was recommended by Surgeon General Leonard Scheele, who, however, said the survey itself was needed.

MILITARY AND AGENCIES

The first group of states—on eastern and western seaboards—have received allocations from Federal Civil Defense to start purchasing of medical supplies for emergency stockpiles. States have to match federal dollars. Purchases are being coordinated by Armed Forces Medical Procurement Agency, to effect economy and to facilitate timing of purchases and deliveries.

Indiana will appeal the U.S. court decision in favor of F.S.A. Administrator Oscar Ewing, who cut off that state's welfare funds because, in his opinion, a new state law gave inadequate safeguards against disclosure of names of recipients. Meanwhile, Indiana is also trying to find some way of recovering eventually the several million dollars already withheld in case it is upheld on appeal or eventually amends its law.

New Children's Bureau chief, Dr. Martha M. Eliot, hasn't made up her mind, but thinks the country may need another E.M.I.C. program—emergency maternity and infant care. She is studying the situation now before making formal recommendations. Senate health subcommittee is planning hearings on E.M.I.C. bills but probably not before the first of the year.

U.S. Children's Bureau is not satisfied that the procedure of hurrying mothers out of hospitals is beneficial; it probably will study the situation and make some recommendations to physicians and hospitals.

Army's high velocity blood campaign, superimposed on that of the Red Cross, does not meet with complete favor of all Red Cross officials. Red Cross, under contract with the Defense Department, is in charge of the permanent blood collection campaign; army's drive, while it has collateral value to Red Cross, is restricted to military personnel or Defense Department civilian employes. Army's campaign, however, did serve to make plain the fact that plasma reserve is disappearing fast.

New deputy surgeon general of the army is an expert on medical logistics, with wide experience in Korean war problems—Brig. Gen. Silas B. Hays.

State crippled children's programs report 18 per cent more cases handled in 1950 than 1949; a total of 215,000 received diagnostic services or treatment.

Text of order defining conditions under which U.S. will pay hospitals for service to military and civilian employes appears in Federal Register, Vol. 16, No. 171.

Twenty per cent more persons carried private hospitalization insurance in 1950 than in 1949, according to U.S. Chamber of Commerce; including group and all other forms of hospital insurance, about half the population of the country is covered.



Blue Cross and the Hospital Future

THE extent to which Blue Cross has aided hospitals financially is not subject to precise measurement. Of more than \$400 million paid to hospitals by Blue Cross plans last year, how much represents revenue that hospitals would not have had without Blue Cross? How much represents revenue against which some collection expense would have been charged? How much represents hospital care which hospitals would not have been privileged to render, without Blue Cross, because the patients couldn't have afforded hospitalization?

The answers to these and similar questions are speculative, and yet there are some facts which suggest what the answers may be. One of the large Blue Cross plans in the East not long ago summarized the results of a survey covering approximately 10,000 Blue Cross members who have been hospitalized under the plan. Ten per cent of the group, or nearly 1000 patients, said they would not have gone to the hospital if they had not had Blue Cross protection. Presumably these were all sick people whose hospitalization was judged necessary by physicians. Thus in these cases Blue Cross not only was of inestimable aid to the patients but also aided the hospitals by increasing the utilization of hospital facilities, which is economic, and by bringing in additional income, which is financially wholesome when the rate structure is soundly established.

In the same survey, more than 6000 patients, or 60 per cent of the group, said it would have been difficult or impossible for them to have paid their hospital bills without the assistance furnished by Blue Cross. Here we see that the hospitals were saved some write-off of bad debts, some discounting of bills to effect settlement, perhaps, and certainly a great deal of collection expense.

Unfortunately, the survey in this case did not disclose the extent to which hospitals had profited from another circumstance which emerges in the operation of Blue Cross—the tendency of patients with Blue Cross protection to choose more expensive accommodations at the hospital than they would otherwise take. Unquestionably, the hospital whose private room rates include a small margin of profit is earning additional revenue

from patients whose basic service is covered by Blue Cross and who are therefore encouraged, or enabled, to pay their own way in greater comfort than the ward or semiprivate room offers.

All these benefits, of course, have not been earned without creating some problems. The principal problem developing in the operation of Blue Cross plans today has to do with the necessity for adjusting hospital payments upward with rising costs—and the accompanying necessity for eventually increasing subscriber rates or restricting benefits in order to stay solvent. At any moment during an inflationary period, one must almost necessarily find either that Blue Cross payments to hospitals are lagging behind rising hospital costs, or that Blue Cross income from subscribers is lagging behind mounting hospitalization payments.

Where Blue Cross payments to hospitals are established on a flat rate per diem, as they still are in many of the plans, it is the hospital which suffers most in this situation; where the payments are related to hospital billings or costs, it is the plan that is likely to suffer most. Considering that the inflation we are enduring now has been sufficiently rapid to increase hospital costs more than 100 per cent in less than 10 years, it seems remarkable that Blue Cross hasn't blown completely apart during that time. Instead, it has enjoyed its most spectacular growth during that period. Of 66 million people estimated to have had hospitalization insurance at the end of last year, nearly 60 million were enrolled in the last 10 years, and of these, 35 million were enrolled in the last five years-the period of most rapid inflation. At this moment Blue Cross membership alone is increasing at the rate of 33,000 new members every working day.

In the face of so many difficult problems, this burgeoning membership is indicative of the hard economic core of Blue Cross. Like other forms of insurance, Blue Cross is sound economically because it compels the member to save toward the cost of his illness and because, through the operation of the group principle, it adds the savings of those who escape illness to the savings of those who become ill but whose own savings would be inadequate to meet the costs of illness. In addition to its economic rightness, of course, Blue Cross has emerged at a time when scientific developments in medicine were moving an ever-increasing share of medical practice out of the doctor's office and the patient's home and into the hospital.

This happy coincidence of an increasing demand for hospital facilities and an economically sound formula for meeting the cost of those facilities has produced a momentum which not even the severe problems arising from the inflation have been able to slow down. Like the referee at a tennis match, the Blue Cross manager must keep swinging his head from side to side, looking first at the hospital, then at the subscribing public, then back at the hospital, adjusting rates and payments and benefits so that neither side has too long an advantage, or any advantage at all for too long a time. This is neither an easy nor an enviable life, certainly, but we have seen that it is an endurable one. The principle of insurance applied to the costs of illness appears almost unworkable at times, but it has survived, and it will continue to survive, because it is a right principle eco-

For several important reasons, it seems that the Blue Cross program represents a more advantageous application of the insurance principle to the cost of hospitalized illness than do other forms of hospitalization insurance. The first reason is that the service benefit provides more nearly complete protection for the hospital patient at the time of his need than the dollar benefit that is paid under commercial hospitalization insurance policies. The insurance company offering a dollars benefit, to be sure, is spared the necessity of juggling its schedules of rates, benefits and payments as Blue Cross must in an effort to keep abreast of rising costs in the hospital. In such a period, however, the dollar policy covers a constantly diminishing fraction of the policyholder's hospital bill and is consequently less and less useful both to the policyholder as real protection and to the hospital as real assurance of stabilized income.

From another, entirely different standpoint hospitals would appear to have more to gain from further growth of Blue Cross than from the proliferation of other hospitalization insurance programs. When the insured group includes as much as 50 per cent or more of the entire population, as it does now in many parts of the country and as it eventually will elsewhere, it is inevitable that this concentration of purchasing power should exert some influence on hospital rates, if not on the actual organization of hospital services. With the bulk of this purchasing power centered in Blue Cross, hospitals have nothing in particular to fear, since the Blue Cross is a hospital-sponsored activity in whose governing and managing groups hospitals are well represented, and since hospitals and Blue Cross alike are interested only in extending high quality service to more and more people. If a similar concentration of purchasing power were to be lodged in an insurance company, however, the effect on hospital service might easily be

less beneficent. Like Blue Cross, the insurance company would be interested in keeping hospital rates down, but, unlike Blue Cross and the hospital itself, it might not be particularly interested in keeping service standards up. This is in no sense a reflection on the insurance company, whose interest in profits is a legitimate and necessary one in our economy. But the hospital is different from the market place; the development of Blue Cross as an economic agent of the hospital would seem to protect the things about that difference that all of us are devoted to, and it is not certain that the development of commercial hospitalization insurance would afford the same protection.

What is the financial outlook for voluntary hospitals? To the extent that predictions are ever safe, it seems possible to assert that economic controls will not be substantially tightened and that hospital costs will continue to mount, pushed upward by the general inflationary trend, the ever-increasing complexity and cost of new medical procedures, and the necessity for hospital wages, still somewhat below the general industrial average for similar occupations, to continue upward as hospitals compete for labor in the full employment market.

With costs soaring, of course, hospital rates will have to go up too. For years now we have heard warnings that hospital charges were already so high that we were in danger of "pricing ourselves out of the market" for hospital services. And yet hospital charges have continued to go up, and there is no real evidence indicating that this has resulted or that it is about to result now. There is no particular reason that hospitals should be any worse off financially if the inflation continues than they are today.

Unless the necessity for continued juggling of rates and benefits should prove to be too severe a strain on the nervous system of Blue Cross management, there are no compelling reasons either to believe that Blue Cross will not continue the gains which have been recorded in the last five years. The most adroit jugglers will gain the most, perhaps, and there may be some casualties among plans whose jugglers can't keep up with the swift pace of economic events, but in general the things that are right about Blue Cross will remain right; the things that have contributed to past growth and strength will contribute to future growth and strength will contribute to future growth and

With a steadily growing proportion of hospital revenue stabilized through the operation of insurance plans, with most hospitals increasingly aware that indigent payments must be increased if fiscal disaster is to be avoided, and with utilization of hospital facilities increasing as doctors become more and more dependent on institutional organization and equipment, the economic future of hospitals should be as secure as anything can be in this uncertain world. In our time, the voluntary hospital may achieve full realization of its potential usefulness—the point at which it has achieved the economic power and stability that business enterprise enjoys in our capitalist society without sacrificing the spiritual power and stability that derive from its origin as a Christian charity.

OPERATION SANITATION

the army takes its housekeeping seriously

JANE BARTON

SANITATION looms large in the army's program of preventive medicine. At Walter Reed Hospital, the hub of the Army Medical Center in Washington, D.C., this preoccupation with problems of good housekeeping has led to some innovations that would probably astonish by-gone commanders. Who would have thought to see the day when a woman would be in charge of housekeeping in the overwhelmingly masculine world of an army hospital? But Maj. Gen. Paul H. Streit, commanding general of the center, is not the man to let precedent stand in the way of progress.

When it became evident that an experienced executive housekeeper was needed to implement the rapidly growing housekeeping program at Waster Reed, General Streit seized upon the idea and set out to find one who combined a background of hospital housekeeping with the ability to adapt civilian hospital technics to the peculiar needs of an army installation.

His choice fell upon Mrs. Patricia M. Boyer who is eminently qualified from the standpoints of both training

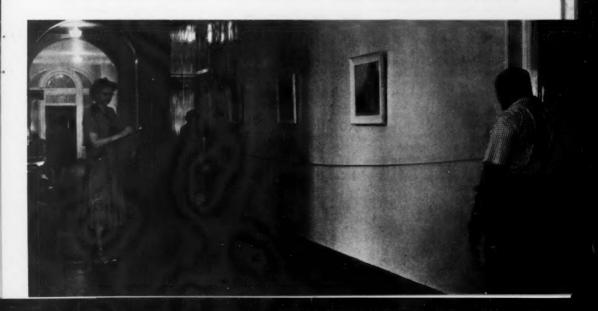
and ability. Having received her initial experience in the rigid school of the Statler Hotel system-where housekeeping is considered one of the fine arts-she proceeded into the hospital field and underwent the baptism-byfire of opening a new institution, George Washington University Hospital, as assistant to Mrs. Hertha P. McCully. It is generally conceded in institutional circles that anyone who survives the ordeal of "opening a new house" can cope with any housekeeping problem that is ever likely to arise. And so it has proved in Mrs. Boyer's case. She can cope.

All hospitals have a high regard for cleanliness: at Walter Reed this regard amounts to veneration. As Col. Michael Sheppeck, executive officer, explained to the visiting reporter, "An army hospital has a mission over and

Mrs. Boyer notes the figures as her assistant, Mrs. Brown, and Sam Wilkerson measure a wall with a carpenter's steel tape. above taking care of the sick. We must carry on a continuous program of prevention in order to maintain maximum effectiveness of the men so that they are always ready for combat. Sanitation plays a big part in that

Judging by the appearance of the institution, this mission is taken seriously by all concerned. Nine miles of corridors and ramps challenge the best efforts of the floor maintenance crews, and they have responded nobly to the challenge. To the eye of the visitor, panting along the nine-mile course in the wake of the executive housekeeper, the floors, like the rest of the hospital, are a miracle of shining cleanliness. Mrs. Boyer is not so easily satisfiednor, it might be added, is the general who holds strong views, strongly expressed, about the appearance of the floors, and the proper way to maintain

Cleanliness is not the only criterion. Men on crutches must be able to make their way in safety, and a slippery floor is anathema. The battle to keep the corridors, which are traversed by





TIMING OF VARIOUS HOUSEKEEPING OPERATIONS

,	NUMBER OF UNITS THAT CAN BE CARED FOR PER HOUR		
	No. Sq. Ft. With Untrained Workers	No. Sq. Ft. With Trained Workers	
Sweeping a corridor: sweeping map-push method	10,000	14,000	
Sweeping a theater or auditorium with fixe			
seats, using a sweeping map or brush Mapping a floor where there is no furniture		6,000	
mop and rinse	1.500	2.000	
Mopping office floors: mop and rinse		1,750	
Mapping waxed floors where there is no			
furniture: damp map	3,000	4,000	
Mopping waxed floors in offices: damp m Applying water emulsion or liquid floor w		3,500	
corridors and rooms without furniture Applying water emulsion or liquid wax to		4,500	
Polishing waxed floors with 15 inch floor machine: carridors and rooms without	3,000	3,700	
furniture	4.000	5.000	
Polishing waxed floors with 15 inch machin	10:	-,	
offices	3,000	4,000	
Washing smooth, painted plaster walls by hand		180	
Washing smooth painted plaster walls wi machine	ith	225	

thousands of people daily, both clean and safe is never-ending.

Maintaining an institution the size of the Army Medical Center requires a sizable custodial crew and enormous quantities of equipment and supplies. However, like any civilian hospital, Walter Reed has its budget problems, which are made more acute by the fact that the army has an obligation to the taxpaying public to keep costs down. To reconcile these opposing needs is one of Mrs. Boyer's chief problems. Her staff currently consists. in addition to her assistant, Mrs. Euna C. Brown, of a civilian secretary, 90 janitors, three charwomen, and nine foremen. The foremen, charged with the duty of inspecting and reporting on the work of the janitors, are ably directed by the head foreman, Sam Wilkerson, whose girth does not prevent him from covering a great deal of territory in the course of a working day. Sam is everywhere-inspecting, directing, and disciplining as the need arises-and little escapes his eye.

In order to keep this staff working at maximum effectiveness, Mrs. Boyer felt that workloads should be assigned on the basis of actual square footage covered, plus the number of objects (radiators, chairs, desks, and so forth) contained in a given area. It is that

plus factor that makes all the difference in the amount of work that can be covered by an employe in one day. Accordingly, she proceeded to measure every square foot of space in areas covered by her men and to count every item. It was wearying work that entailed miles of walking and hours of figuring, but it was worth the effort in terms of more equitable assignments and higher standards. Here is Mrs. Boyer's explanation of the procedure:

THREE TOOK MEASUREMENTS

"There were always three of us taking measurements, two to measure and one to record, and we took them by walking every inch of the space and using a carpenter's steel measuring tape. We measured the two dimensions of a floor first, to get the square footage; the two dimensions of the floor times the height of the wall, less 1/6 for doors and windows, to get the measurements of the walls; and the ceilings the same as the floors. (The ceilings are not included in the wall space figures for, as long as possible, they are dusted only.)

"We took one particular area at a time, usually the space already assigned to one man. After measuring floors and walls we went back to the starting point and counted all windows (and the type), radiators, light fixtures, sand jars, doorknobs, kick plates, doors, window glass in doors, transoms, signs, pictures, drinking fountains, wash bowls, latrines, mirrors, venetian blinds, windows and telephone booths. In the offices and lobbies we added the square footage of rugs, furniture (kinds and numbers), draperies and lamps until we had a complete picture of that particular area. When I had a complete picture of all previously assigned sections in the hospital proper, I started to figure.

"At that point I blessed the 'Army Custodial Manual, TM 5-609,' from the bottom of my heart. Someone has gone to a great deal of trouble to time different operations (see accompanying table), and in this hospital and, I suspect, in most army hospitals, it presents a quite accurate picture. I have timed a few of the operations myself and was content to take the figures in the manual for a guide. So when it tells me that a man can sweep a corridor space of 10,000 square feet with a push broom in an hour; mop 3000 square feet of corridor space in an hour, doing half at a time, and can buff 4000 square feet in an hour, I can figure how much time his assigned floor space is going to take him if he keeps right on the job. In corridors, for example, we allow about one hour for low dusting per 8000 square feet of floor space, although obviously this figure can only be used as a guide inasmuch as each section of the building has a varying number of 'dustables' that must be attended to daily.

When we finished the figures in the hospital proper, I took the square footage of all floors, plus a count of all lights, radiators and so on, and estimated how many man hours it would take to do the entire job per month, like this: Take the over-all figure of floor space in square footage and multiply by 22 (the number of hours per month on a five-day basis); divide by 10,000 (the hourly figure for corridor sweeping). The result is the number of man hours per month required to do all sweeping. The same procedure can be used to figure time required for mopping or, in areas where we can use dry maintenance, for dry maintenance. I figured it by the month because of some operations that are done other than daily.

"We went through the same process with dusting, shining brass, washing door glass, cleaning sand urns, latrines, and so on. We had to do quite a bit of dividing and redividing until we got the thing broken down evenly into sections. However, we finally worked it all out and the sections figure out to about nine man hours.

COUNTED STEPS AND LANDINGS

"The next step was to study all the stairways in the building, counting steps and landings. We found that to sweep all stairs with a counter brush each day and to scrub half of all stairs each day with a brush added up to two 8 hour jobs. We estimate that a man can sweep six flights of stairs (16 steps and one landing each) in an hour; that includes the dusting of baseboards and railings. He can wash four flights an hour.

"The wallwashing and window washing are taken care of by a crew and foreman for each. Window washers can take care of four or five average or six or eight light double-hung windows an hour. The wallwashers, using a machine, can do 170 or 180 square feet per hour on smooth painted walls. However, we have so much inside painted brick that must be done by hand that it is difficult to arrive at an accurate figure.

Opposite Page: Corridors, miles of them, must be kept not only clean but safe enough for men on crutches. Right: The central stockroom houses all cleaning supplies and equipment. To it every housekeeping machine must be returned. The stockroom man weighs and packages cleaning powders and issues them in the correct amounts.



"Before we opened the new outpatient department, we went over floor space, wall space, windows and latrines, and when rugs and furniture were installed, we figured the time required to maintain them and requested manpower accordingly.

"I cannot say that we have saved manpower as a result of this survey because we are still understaffed, but we are undoubtedly utilizing to better advantage the manpower we have, and the even distribution of the workload has improved the standard of work.

"I am not certain as to the actual amount of time spent in making the survey. As I said, three of us worked when I was taking measurements, and I did the figuring and juggling. For the first three months I spent all available time working this out. Of course, since that time I have estimated the outpatient department and other spaces as they were assigned to house-keeping. This estimating of workloads is going to be a continuous process. Every time a section is altered in any way, a new estimate should be arrived at.

"I should point out that all of the figures given are under ideal conditions, meaning, of course, no absenteeism. That day is still to come, but on the whole we are well satisfied that we have found a fair and equitable means of assigning the work. And I see no reason why it should not be successful in any type of institution."

CONTROLS

Siamese twin to the problem of scheduling work is that of controlling equipment and supplies. It is not to be wondered at if a 1974 bed hospital gobbles up great quantities of cleaning powders, wax and soap; it is to be wondered at-and deplored by a conscientious administration-when such substantial articles as floor machines and even furniture disappear. But it happens in the best regulated hospitals. To prevent such disappearances, Mrs. Boyer, with the approval of her cost-conscious superiors, has established a central stockroom which should excite the envy of her sistersin-housekeeping whose administrators have not yet been converted to the importance of centralized control.

At Walter Reed, everything the housekeeping department owns in the way of expendable and nonexpendable supplies and equipment is stored in a locked room. It is presided over by an earnest employe who prides himself on not letting a teaspoonful of cleaning powder get away from him

(Continued on Page 128)



BEDPANDEMONIUM

or, the two-bed room shouldn't happen to a dog!

IF TWO people are to be hospitalized in a single room, here is a brief specification of the qualifications that will make them happy with the arrangement: They should be identical twins with as nearly identical tastes and habits as can be imagined. Preferably, they should be orphaned and without brothers and sisters or they should have only a father and a mother and only a very few friends who hold their common affection. They should be so alike that their hunger reaches its peak at the same time, that their peristaltic impulses are simultaneous; they should be afflicted with identical diseases in identical degree so that their needs for medication, pulse-taking, and other nursing attentions arise at the same moment. Their reading habits and fatigue points should be the same so that adjusting of bed, feeding and all other services can be done by

RUSSELL T. SANFORD

a single nurse with only one trip to care for both.

With these optimum qualifications the hospital will be happy with its notion of nursing economics, the patients will be happy with one set of visitors and will enjoy mutual contentment in a comparison of their ailment, with, presumably, neither having any edge in discussions revolving around how sick either has been.

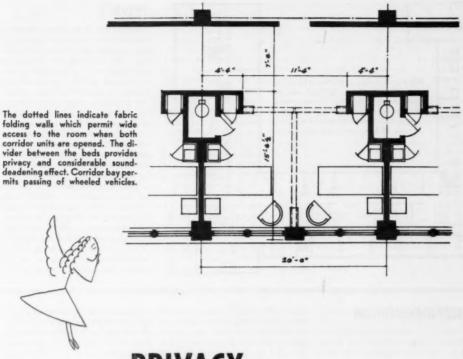
This is absurd, of course, but because it is not quite absurd, the two-bed room is itself something of an absurdity. At the precise moment when one patient wants peace and quite and a darkener room, the other wants conversation, entertainment, commotion and light. Hospital care comes apart and the two-

bed room becomes a plague to either or both inmates. Recently, I was hospitalized and owing to the vagaries of my physiology I entered the hospital three separate times within a period of four weeks. First, for an operation; then for correction of a persistent bleeding, and again for an operating room procedure to fulgurate the offending artery.

My first roommate was an extremely old man, fussy and incontinent. Occasionally the patient's incontinence reached its climax just as my lunch or dinner was being served and on these occasions I missed a meal.

My second sojourn drew for me a gentleman of even more advanced years. He suffered from a broken hip and from the bed sores resulting from weeks of hospitalization. He was miserable in almost any position and most

(Continued on Page 56)



there can be PRIVACY

in "shared accommodations"

IN THIS plan we have bowed to the need for catering to the so-called carriage trade. The Community Memorial General Hospital at La Grange, Ill., is intended to serve the three communities of La Grange, Western Springs and Hinsdale, in all of which the income level is considerably higher than average. The people in these communities have been accustomed to the de luxe accommodations to be found in the large hospitals of near-by Chicago, inasmuch as there has been a great lack of hospital facilities in their own communities.

However, everyone recognizes that this new hospital could not be supported by, nor should it serve, only the "carriage trade" patient. The industrial growth around La Grange has brought a large influx of people, covered by various types of insurance, who require the so-called two-bed, or CARL A. ERIKSON Jr. Schmidt, Garden and Erikson Architects-Engineers, Chicago

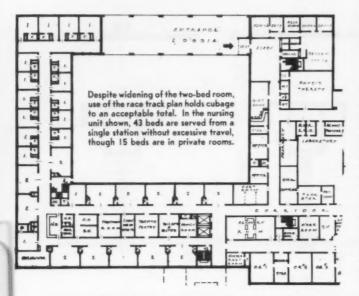
semiprivate, room (which I agree should rather be called a semipublic room). Thus, we developed the program as shown in the accompanying drawings insofar as patient accommodations are concerned.

In the original discussion about this particular hospital it was agreed that we would provide all private rooms—no two-bed or four-bed rooms—because the doctors with whom we were working were opposed to the two-bed room. So we started out on this basis. However, the principal hospital insurance agency has practically dictated to the hospitals of the United States that they shall build largely two-bed rooms because the premium serv-

ice that hospital insurance provides is for this unit. This concept more or less ignores the fact that many people prefer to be in either a private room or a four-bed unit.

The result was that the hospital recognized that a large portion of the patient load was going to come from the groups covered by this insurance, so we were forced to accept the two-bed room as the only answer to the problem. The plan has no four-bed units; the largest unit we have is the "private two-bed room," as I like to describe it. This would permit, in times of stress, a higher percentage of occupancy than would be afforded by the use of the multi-bed room.

In the unit itself, the over-all width of the patient's room, from out to out, is considerably narrower than is normally considered advisable for a hospital wing. This tends to increase the



PRIVACY

periphery of the building; however, it does reduce the over-all volume per bed. Further, by recessing the doorways into the room, we were able to use a narrower corridor than the average, which still further reduces the volume of the building. Also, we used the so-called race track plan with the service areas and unlighted spaces in the middle, which are, of course, mechanically ventilated. This permits the concentration of patients around the nursing service, with a minimum amount of travel from a patient's bed to the service areas.

One of the elements that we brought up and recommended strongly was the desirability of having each patient near a window. If this could be effected no patient would have to look over another patient's bed to see out or be stuck in a dark little hole all by himself whenever the patient in the bed next to the window had to be ex-

BEDPANDEMONIUM

of the time when he was awake, he moaned loudly. Unfortunately, he was awake and moaning through much of the night.

My third experience was different. This time my roommate was a boy in his early 20's, the sole survivor of an automobile crash, suffering from the boredom that only eight weeks in a cast can bring on. When I entered the room, I was in severe pain and I am afraid I made a lot of noise in my efforts to endure it. I am sure that my groans did him no good and may even have reminded him of the tragedy he had so recently been through. Also, by this time, my own nerves were pretty badly shot and more than anything else, once I had been made comfortable, I wanted rest.

But my roommate had what he probably needed most—a nice, loud, raucous television set, tuned afternoon and evening to baseball games or riotous vaudeville programs. Visitors from his own family were many and frequent. A discharged patient with whom he had become acquainted came to the hospital every morning for treatments and spent an hour or so cheering the young gentleman in the adjoining bed. In the afternoon other former patients, coming back to visit acquaintances met in the hospital,

joined brothers and sisters and made up a merry throng around his bed. In the evening there were more of the same. Sometimes as many as five visitors and the patient vied with the others in talking down the blaring television set. The duration of their jollity usually exceeded by an hour the permitted visiting period and only a student nurse attempted feebly to get them out. Amidst this uproar I occasionally attempted to talk with my wife who was as upset as I was about my illness.

One of my requirements was to provide progressive urine specimens in bottles lined up for the doctor's examination. The presence of young lady visitors on the other side of a very flimsy curtain which did not completely divide the room had an inhibiting effect which I cannot believe was good. Privacy in these circumstances may not be important to everyone but certainly it is to a substantial number of people.

I do not believe that the personal experience I have cited is an especially exaggerated one. On the contrary, there must be thousands and thousands of hospital patients whose actual recovery has been affected even more than mine by lack of privacy. There must be thousands who are irritated to their actual detriment by those very things which are therapeutic to the patient in the adjacent bed. On the other hand,

of course, there are thousands of gregarious people who thrive on the pandemonium that is so abhorrent to me. Not all the irritations I encountered result from having two beds in one room, but most of them would not exist at all in a private room.

Apparently those who contrived the semipublic room (for such must be the reciprocal of "semiprivate") took into account the economics of hospital planning and construction and the economics of nursing cost but passed over the fact that people go to the hospital when they are sick, crotchety and want, above all else, rest and quiet.

The two-bed room has the blessing of hospitals and architects and Blue Cross. I discovered also that doctors contribute to its perpetuation. The surgeon who was to perform my operation quoted me a price based on my income. However, he quite frankly stated that his quotation was based on the ordinary hospital accommodation and that if I insisted on a private room, his fee was doubled. Now, under the cooperative Blue Cross plan, without regard to the rate for a shared accommodation, my hospital bill was \$2.50 per day or, for the 15 days of my stay, a total of \$37.50. In a private room at, let us say, \$16 per day, my payment would have been \$165 after the Blue Cross allowance of \$5 per day-a difference of \$127.50. Had I known

amined or use the bedpan so that the curtain between the beds had to be drawn. Therefore, we developed a plan with all beds on the outside wall; no bed is behind another one; each patient has his own window and can control the light and air as he chooses.

The room contains three folding doors: the first two are small ones that parallel the corridor; the third is a large one that divides one bed from the other. This will permit quite a bit of flexibility of operation in that it will make possible the sale of these cubicles as small private rooms at less than the cost of an actual private room. However, if a patient comes in and says, "I have insurance that will just pay for a two-bed room," it is only necessary to roll back the door that separates the two beds-and there you have a two-bed room. When privacy is required, the door can be closed again.

These curtains have a sound-deadening, although not a soundproofing, effect so that it is not disturbing to Patient A when Patient B is having company or is being examined or is

There is a common toilet facility for the two beds, according to the present plan. The two-bed room is a self-contained element with a toilet on one side that is used by both patients. If a double door to each toilet were provided, it could be used by the patients in two adjoining rooms, thus obviating the necessity for crossing the room and passing the movable door. Then the privacy afforded each patient in what is essentially a two-bed room could conceivably permit the mixing of sexes in emergencies.

Another consideration brought up in the general discussion concerned the patient's ability to help himself. In this plan we have provided a utility wash sink immediately adjacent to the bed and pushed out from the wall at the head of the bed. It is so situated that the patient can sit on the bed and wash his face and hands and brush his teeth.

Medical men with whom we discussed this feature felt that having the wash sink close enough to the patient to let him care for his own needs had a definite therapeutic value and, in addition, there is a saving of nursing time per patient.

Briefly, to summarize the thinking that went into the development of this plan, we took cognizance of the following requirements:

 The general insurance program dictated the need for a convertible two-bed room.

It is desirable to have patients in a position so that they can be separated from each other.

3. Each patient should have his own window.

4. Each patient should have wash facilities he can use from the bedside.

The race track plan concentrates nursing service in the center of patient areas.

then what I know now, I would have gladly paid this difference even though it would have hurt. However, it would have cost me another \$350 for my doctor. Thus in my case the difference between the indignities and turmoil of the semipublic room I occupied and the peace and quiet of the private room would have amounted to \$477.50. I am not sure that all doctors are as frank as mine but whether they are or not, their fees for private room patients are probably in something like this proportion.

Thus we find the medical profession aligned with hospitals in placing fully effective medical and hospital care beyond the reach of the patient. Today, the benefits of Blue Shield are such that they help very little in a situation of this kind.

Now, the rate for the semiprivate room was \$12 and Blue Cross contributed \$9.50 of this amount. In a private room Blue Cross would contribute \$5. The patient, on the other hand, instead of paying \$2.50 per day pays \$11 per day (assuming a \$16 private room). Such an arrangement can only be justified by the assumption that privacy is a luxury and that incompatability, indignity, noise and turmoil are good enough for the average citizen on matter how sick he may be. Naturally, as long as this situation holds, hospitals are going on building

a minimum of private rooms and a maximum of two-bed rooms. Inasmuch as hospital service is one of the few things in life which a man is compelled to buy whether he wants it or not, hospitals can probably get away with it indefinitely, as can Blue Cross. However, the situation gives a rather sour tinge to pious protestations that the voluntary hospital system will, if left to its own devices, provide hospital care to all the people at a price they can afford to pay.

I have discussed this situation with architects and with hospital people. From hospital people I get rather vague and evasive answers as to the real economies of nursing service in the two-bed room as compared with the private. Their arguments are not very convincing, for example, when answering such a proposition as this: In the morning the nurse entered my (our) room with an arm load of clean linen. She proceeded to make my bed. Then, unable to handle alone the patient in a heavy cast next to me, she had to go down the hall to get help, come back and make his bed. When she came back, the fact that he was in the same room with me made not the slightest difference in time, in footsteps or in linen. During the night I received medication at certain hoursmy roommate did not, or if he did, not at the same hour. What door the nurse

entered and the number of patients in the room did not, I am sure, show up in the balance sheet. I cannot remember a time when my roommate and I required a bedpan or urinal simultaneously and thus each trip for such services was separate.

Seemingly, the only argument for nursing economy is mileage. If as many private beds as semipublic beds could be got into approximately the same corridor length, there would be little reason for depriving the man of average means of the blessings of private room service. I have recently seen some plans for a type of private accommodation that would come very close to accomplishing this within reasonable cost limitations.

Administrators will, of course, say, Yes, but how about revenue per square foot and building costs per square foot?" The plans I have recently examined have taken this into consideration, too, and have managed, within the area normally allotted for a semiprivate room, two rooms that are private units with provision for removing the divider so that greater freedom of movement is possible. This is another story and if it is a true story, it may be a definite step forward toward the goal of privacy for patients who want it and need it without the penalty now exacted by hospitals, by Blue Cross and by doctors.

"Administrator Bites Reporter"

is no way to make friends with the press

and good press relations are essential to hospitals

THE problem of press relations as they pertain to hospitals is one with which I am frequently concerned in my newspaper work. It is, or should be, a basic problem for those who run the hospitals. So I'd like to outline some of my thoughts on the subject, on the basic premise that we are mutually concerned with arriving at a sound and workable solution.

Certainly there has been a remarkable show of progress in this mutuality of interest over the 15 years I have been in the newspaper business.

USED TO BE A BARRIER

I can remember the day when mutual misconceptions erected an unfortunate barrier between hospitals on the one side and newspapers and their readers on the other. In San Francisco we have been unusually fortunate in our efforts to remove that barrier. I trust it is gone forever. And, since San Francisco's plan is one in which I have a deep personal interest, I shall discuss it more later. There are places and there are occasions, I know, where and when newspapers and hospitals administrators continue to eye each other with all the friendliness of two stray dogs meeting in an alley.

Historically, hospital administrators, like doctors, seem to have reasoned that the reading public was too ignorant to appreciate the complications involved in the healing art. What went on within the walls of a hospital, they seemed to reason, was simply and finally none of the public's business.

Add to this the fact that most hospital people also shared with doctors the belief that all newspapermen were wild-eyed sensation-seekers, with a bottle on the hip and a hat on the

back of the head. The movies, rarely noted for their realism, tended to confirm this impression. And the papers for which these leprous gentlemen worked were assumed to be concerned only with Sunday supplement horror stories—the bloodier the better. Truth was not in them.

On the other hand the reading public tended to fear and distrust hospitals as spots where limbs and pocket books were removed with equal facility. Newspapers and newspapermen, be it admitted, found it all too easy to pander to these unhealthy beliefs both because it is the line of least resistance to give readers what they want, and, perhaps more important, because a newspaperman is incorrigibly angered by and suspicious of censorship of any kind, even well intentioned censorship.

Now certainly some of these early mutual misconceptions were based on fact. Some newspapermen were—and a few regrettably still are—diggers of dirt and not of fact. Some readers did, and do, prefer their news in fictional form. There was a yellow press; the color pretty largely has faded. Hospital administrators did supress legitimate news willfully and capriciously.

Which was cause and which was effect, I don't know. I don't think it matters now. What does matter is that integrity, honesty, knowledge and legitimate curiosity have all improved and increased with the years.

No one now questions the avid curiosity of the lay public in matters concerned with medicine and science, with health and sickness and death. What continues to surprise me is the growing intelligence of the reading public. It is hard to fool; it is hard to panic. I would guess that the average patient enters the hospital with a great deal more knowledge-

wrought confidence that he did 10 or 15 years ago. I would guess that he is resultingly a better patient.

As to the modern newspaperman—and here I tread modestly—he is almost certainly a university graduate who seeks after truth and is inordinately proud of his profession. If he is good, his most salient characteristic is likely to be an insatiable curiosity. He also will be honest, decent and imaginative—the last in a controlled way. In fact, given a slightly different adolescent bent, he would have made a first-rate research scientist. Think of him that way. And then please don't blame me if you run upon one of the exceptions.

Newspapers today, whatever you think of their editorial policies, are, on the whole, deeply concerned with the honest, careful presentation of local news, particularly of medical and scientific news.

PICTURE HAS IMPROVED

If then, our side of the picture has improved, so certainly has the hospicals'. If San Francisco and the smaller cities around the Bay Area are typical, hospital administrators have acquired something of a trust in newspapermen, newspapers and the public. They have learned that decent press relations pay direct dividends.

I know, and the public knows, that hospitals are not high priced abbatoirs. I know, and the public is coming to realize, that hospitals are amazingly inexpensive in the face of rising costs and services rendered. This last, as I understand it, is the message which, above all others, you are anxious to get across.

You can get it across, but only at the price of good press relations. Price is not quite the right word. Because good press relations will cost you

From a paper presented to the Association of Western Hospitals, Los Angeles, 1951.



JOHN F. ALLEN

nothing but understanding and a little effort.

Let's see how it can be done on a practical level—the level on which we have approached the problem in San Francisco. It is not necessarily a big city plan. It can be tailored as well to the small town and the rural area.

FREE LUNCH IS IRRESISTIBLE

1. From the start good press relations must be on a personal basis. They are dependent on friendship and mutual trust. I suggest, at the risk of sounding like a minor Dale Carnegie, that you become immediately acquainted with the science and medical writers on the papers in your area; with the city editors, perhaps even with the publishers. In small towns these may be all one person. So much the better. Invite him to lunch. Newspapermen, notoriously underpaid, are wonderfully easy marks for a free lunch.

Invite him out to inspect your hospital. Odds on he's interested in medicine and will regale you with his latest symptoms. Hypochondria seems to be a journalistic occupational disease.

In San Francisco we renew and solidify our mutuality of interest with fairly frequent gripe-session dinners, where reporters and editors join with doctors and hospital people, sometimes for fun, sometimes for some serious off-the-record exchanges.

Assuming a good, friendly relationship between you and your newspapermen, then what?

2. By all means be available at all times. Or have someone available who can reach you or speak for you. Remember that newspapers keep queer hours. The staff of the evening paper starts work before dawn; that of a morning paper works past midnight.

Death and illness, as you well know, are no respecters of time or of deadlines.

I have in my desk-and I treasure -a list supplied me by the public relations committee of the San Francisco Hospital Conference.. It includes the names and telephone numbers (both business and residence) of all the men and women who can speak officially for their hospitals at any time of the day or night. I regret to say that I've had occasion to call many of them away from their dinners, or out of warm beds. They have never failed to respond nobly and genially. What they say about me later I do not know. Our wants in this regard are fairly simple. We want someone with the voice of authority to say "yes" or "no"-or at least to refer us to someone who can answer our questions. We are extremely allergic to the bored and unwilling switchboard girl, to the unlisted number, to the telephonic runaround. We are a nuisance, I'll

Now, what do you tell the reporter who lures you from your bed and invades your privacy?

3. Obviously there are limits. If he seeks information about a dead or dying or ill patient, your own code limits the information you can provide, the extent depending on whether or not a police case is involved. That's right and proper, and you should certainly see to it that your newspaper contacts know about and appreciate the reasons for such limitations. However, there is nothing unethical about your giving him a friendly lift, a helping hand. You can, in the interests of good press relations, lead him on to other sources. What harm if you provide him with the name of the doctor concerned, as an additional source of information? Or a member of the family? Let him go on from there without involving you. That is under-

4. Don't ever lie to a newspaperman; don't permit anyone on your staff to lie to him. A good reporter will dig out the facts elsewhere, and he never will love you afterwards as dearly as he did. If there are parts of a story you would rather not see in print—and you have a legitimate reason therefor—tell him the whole truth anyway. Chances are good he'll go along with you if you ask him to leave out those parts which may reflect harmfully on your hospital. Here is where your friendships pay off.

These are a couple of examples of what I mean:

In San Francisco we don't mention the name of a hospital when it is the scene of a suicide. I think it is a good rule. Why stigmatize a hospital for something beyond its power to stop? On the other hand, we expect and generally get assistance from hospitals on suicide stories after the story comes in from the police beat-the sort of details and bits of color that the police don't bother to record. But, and this has happened in the past, if a reporter gets the runaround (slammed telephones, phoney denials) he may have a very human reaction. A sort of "Well to heck with them; let's use the ame if that's how they're going to act." Now, I don't mean that as a threat. I'm just indicating a rather human reaction.

TRUTH IS BETTER THAN GOSSIP

There may come a time when your hospital is hit by an epidemic or some other such disaster. I am thinking now in particular of the horrifying epidemic of infant diarrhea which struck San Francisco some years ago. As is always the case, the rumors were far worse than the actuality, bad as the latter was. Rumors funnel into a newspaper office in endless and colorful quantities. The very worst thing you could do would be to attempt to cover up any such disaster. However bad the truth, it will be better than the stories peddled by the moronic gossips.

I suggest as a first step in such a disastrous contretemps the immediate calling of a general press conference. Outline the facts in full detail; let some medical experts underline your words. Then the question: "How will we together—newspapers and hospital—best serve the public interest: by publishing all the details of the epidemic now, or by withholding information until it is under control?" Whatever the decision, you will find that the newspapers will police themselves and each other, that they will



respect "off the record" information, that they will make their decisions in terms of the public good rather than circulation of extras.

5. Play along with feature stories, always provided they do not lower the integrity or dignity of your hospital. Anything that makes a hospital seem more human cannot but help it. I recall as an example of this sort of thing the day a woman called the Examiner to report that her young son was in St. Francis Hospital with bad burns, and that his beloved pet dog had just been killed by a truck. She was afraid to tell him of the tragedy. afraid of the effect it might have on his condition. Could we help? We could and did. With the aid of the always helpful Orville Booth, and the Society for Prevention of Cruelty to Animals we provided the child with a brand new pup, and thereby eased the loss of the old. The meeting of boy and dog took place in the hospital's solarium and made for wonderful photographs and an appealing-if somewhat corny-story. It also provided St. Francis Hospital with a perfectly ethical reputation for humaneness and decency. In fact, the only damage was wrought by the dog upon my suit, and an expense account item cured that.

SEND IN NEWS STORIES

6. Don't always wait for the newspaper to call. There are events around your hospital which obviously are newsworthy: a new maternity ward; a prominent patient whose condition and fame combine to warrant frequent bulletins; a new appointment to your staff; a new medical or surgical technic perfected by a member of your staff. All these are legitimate grist for the news mill and you need not feel the slightest shame about bringing them to the attention of a newspaper. Here again, of course, your job becomes easier if you have friends in the editorial room.

But a word of caution if your hospital in is an area served by more than one paper. Don't play favorites. Just because you like Jim Jones of the Gazette better than the man over at the Courier, don't try to give Jim a "scoop," an exclusive story. It never works. The Courier will resent it, and even Jim will wonder if you won't pull the same trick on him some other time.

Then there is the other side of the same thing. Keep faith with a reporter

who originates his own story. If Jim Jones discovers that your hospital or one of your patients has the makings of a good news or feature story, help him with it if you can. But don't tell the other papers about it. It belongs to Jim. If the others demand an accounting later, simply explain the story did not originate with you. They will understand.

7. Particularly in small towns and rural areas, the hospital can render a great subsidiary service to the public in general and the newspaper in particular by acting as a sort of clearing house for the checking of medical and scientific fact. What I have in mind is this: With a public as avid for medical news as it once was for love nests, newspapers are flooded with potential scientific stories from hundreds of sources, some of them legitimate, some of them not. On the average paper, there is no one who can separate the wheat from the chaff. Where can a reporter check? Why not at his local hospital? "Look," your friend, the reporter, telephones, "I've got a story here about a supposed new

FIGURES DON'T LIE



These figures told the truth about hospital service costs to National Hospital Day visitors at Covina Intercommunity Hospital, Covina, Calif. The mannequins provided a convincing demonstration of the variety of professional services and skilled labor which enter into patient care. Director Charles S. Aston Jr. explained that since two-thirds of the daily charge for hospital care goes for salaries, and it would cost an individual patient several hundred dollars to engage such an array of personnel for a 24 hour period, the cost of hospital service actually is not high.

cancer treatment. Has a fishy sound. I'd like to clear it with someone." Or: "Tve got a medical story here that's way over my head. How about raising me an interpreter? Somebody who can get it into layman's language." So you find him a willing staff doctor who knows the field—with the understanding always that the expert not be quoted by name if he prefers it that way. By thus acting as an interpretive clearing house, you will earn the gratitude of the reporter and you will be helping to keep the public well and properly informed.

We have worked out a system of this sort in San Francisco, sometimes through the medical society, sometimes through the hospitals. It has been some years since we last had a cancer

HOSPITALS DESERVE SPACE

8. Show your wares with pride. You are an important part of your community. As such, you deserve newspaper space. But make it interesting. Dull stories are worse than none at all. Certainly if you have developed friendly relations with your newspapers through the year, you are in a perfect position to suggest: "Hospital Week is coming up. Do you thirk we might rate an editorial and a feature story or two?" You'll probably get them.

Make it colorful! Every year—and sometimes oftener—San Francisco's hospital conference puts on a show of some sort, and always it is good for fine, constructive publicity. One particularly good show was a large group of patients and their doctors forming a living display of what had been accomplished by proper medical and hospital care.

There are other ways of telling your story. Just one idea: Find a willing patient. Jam his room with all the staff members—from doctor and x-ray technician to laboratory worker, cook and laundress—that go with the price of his room. Invite in reporters and cameramen. What better way of illustrating the cost of hospital care?

I could go on, but these seem to me to be the basic ingredients of decent hospital-press relations.

Of them all, I would stress the matter of personal friendships. If you know your reporters and editors, if between you and them there exist mutual respect and understanding, then nothing much can ever go wrong with your window to the public.

FLEXIBLE FORM takes the work out of paper work

Registration of patients is speeded up and errors are reduced by Methodist Hospital's system

RICHARD M. LOUGHERY

Personnel Director Methodist Hospital Indianapolis

DURING the spring of 1948 the shortage of nurses, both student and graduate, was rapidly becoming more critical. Because it did not seem probable that we were going to be able to obtain anything like a normal supply of replacements we thought we should relieve the nursing staff of as many nonprofessional duties as possible. Many of these duties had been absorbed by the "on-the-job training program for nurse's aides" which had been instituted the previous year.

The question then was: What else could be done? It was felt that much of a nurse's time was spent on "paper work" which had been increased over the years.

11 FORMS FOR EACH RECORD

Starting with "first things first" we looked at the paper work required when a patient was admitted to the hospital. There we found one of the "spoilers" of professional nursing time. For every patient admitted the nurses were required to head up 11 different forms for the patient's clinical record. The registration department was using a three part snap-out form which provided: (1) the face sheet of the clinical record. (2) a credit card containing identifying and financial information, and (3) basic information for the accounting department which was transposed into a different form to make a hectograph master and 13 duplicate forms for distribution to other departments concerned with patient care and service.

When the patient was escorted from the registration interview to the nursing station the face sheet of the clinical record was delivered to the nurse in charge. A nurse then headed up the 11 chart forms, using the face sheet as the basis for transcribing the information. There were 20 items of information on the face sheet and an average of 10 of these items had to be hand copied by the nurse onto the various forms of the clinical record.

This procedure not only was time consuming but lent itself to a large amount of error, such as transposing figures in the hospital serial number, mistakes in addresses and spelling of names. Nursing stations were studied and it was found that for every patient admitted an average of 16 minutes was spent in setting up the chart. With an average of 60 admissions per day this meant that 960 minutes. or 16 hours (equivalent of two fulltime nurses) of precious nursing time was being spent in the simplest kind of work. We also discovered, of course, that we were paying a nurse's salary for a beginning clerk's job-an expensive luxury.

MANY CHANCES FOR ERROR

Next a survey was made to find the sources for information which the various departments used. We already had three points (registration, accounting and nurses' station) and discovered two others. Thus there were five possibilities for error on every item of information. This did not include cases in which information was recopied within the department. The travel route of this information was also studied. Some cases were found in which the information traveled through more than one department and this procedure also lent itself to error. The time it took for the information to arrive at the various intended points (accounting, telephone, information desk) was then consid-

We next surveyed the need for every item of information then available to all departments and nursing stations. Many departments and stations were operating with inadequate information which slowed up their efficiency and made for errors. Some were receiving nonrelated information. Also investigated were the 10 or 11 different sizes of forms used. As the accounting department was charged with the copying and duplication of information, the cost of this process was found to be another factor to be considered.

HELPED OTHER DEPARTMENTS

About half way through the various surveys and studies we were frankly surprised to learn we had got into a process which was providing basic working information for almost every department in the hospital.

The surveys had revealed the need for the following:

- 1. Removing the necessity for nurses to head up the clinical record.
- Consolidating all originating sources of information to cut down errors.
- Expediting delivery of information.
- 4. Providing needed information but not giving more than necessary.
- Adapting information to the different sizes of forms required and still conforming to point 4.
- A system that was simple to operate, inasmuch as three shifts of employes would be involved.
- 7. Speed and accuracy in making copies of forms.
- To satisfy these needs we agreed that we should consider:
- Originating chart forms with all basic information pertaining to the patient and delivering these forms to the nursing station.
- Using the registration desk as the originator of all information.
- Providing a messenger service.
 Standardizing the location and

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The credit record and clinical record (not shown) are run first and returned to the admitting officer who obtains the patient's signature.

the type of information to be shown on all forms.

By this time we were convinced that we would have to use one of the commonly known duplicating processes. When we had decided upon the method that seemed best for us, we called in a member of the organization's sales staff and went to work.

BELL GIRLS OPERATE MACHINE

Tentatively, we felt that: (1) a hectograph master could be cut at the time of the registration interview; (2) our present staff of bell girls (they escort the patient to his room) could operate the machine necessary for the duplication of the forms; (3) bell girls could expand the messenger service they were already performing in order to expedite the delivery of information to the various departments.

A hectograph master was developed after a great deal of detailed study and revision of all forms, their use, size and the information required. Next the duplicating machine was considered and it was found necessary to make one or two adaptations to fit our needs as the company had not previously encountered a situation which demanded so much versatility in a system.

On May 1, 1948, the new system was started after an intensive training program. It is as follows: The hectograph is master typed by one of the admitting clerks on duty during the day hours, or by the admitting clerk on the night service. As the questions are answered by the new patient or his representative, the interviewer types the hectograph master.

The reception of patients had previously included the attendance of a bell girl to help with the baggage and to see that a patient was ushered to the proper room when the reception details were completed. Six of these girls were trained to operate the machine. A bell girl is given the typed master and steps to the machine a few feet away. She runs the face sheet of the clinical record and credit record first and then returns them to the interviewer who obtains the patient's signature on both forms.

At this point financial arrangements are discussed and the new patient is given information relative to hospital procedures. While this is being done the bell girl duplicates 32 other copies and sorts them into the proper receptacles for delivery. When the copies are run, the bell girl takes the patient's entrance deposit to the cashier and returns the receipt to the patient. Next she takes the baggage and the set of forms destined for the clinical record and ushers the patient to the proper floor. The forms going to the accounting department and other stations are picked up and distributed at frequent intervals. The hectograph goes to the accounting department for possible later use if additional statements are needed.

FORMS ARE FLEXIBLE

To summarize: We have the needed flexibility for forms varying from ½4 inch by 4 inch strips for visible file to 8½ by 11 inch sheets, and other forms of intermediate sizes. Some of the copies require that all the data of the 3½ by 5 inch hectograph master be duplicated upon them, while others require only from 1 to 10 lines of information. Irrelevant information is blocked out of these copies by means of a mask.

Because of the many rewritings and checkings which were eliminated the many chances for error that existed before were avoided. Whatever the admitting clerk types is duplicated exactly on 34 copies. If an error is discovered the admitting clerk types a new master, and a new set of copies is printed in red and all stations know the former copies should be destroyed. We thus obtain a high percentage of accuracy.

The operation of the system is simple. Personnel working around the clock uses it as a tool to coordinate the admitting procedure and save time for all concerned. The duplication of copies takes about 1½ minutes per patient. At various times during the day or night the machine is used to duplicate surgery schedules, admission reports, notices and bulletins. The accounting department is able to save the time it had formerly spent in copying patient information and duplicating the forms.

The cost of the hectograph machine and masters, which is all that we actually added to the system, was very reasonable considering the saving in time and accuracy that resulted.

There Are Three E's in Safety

ENGINEERING

EDUCATION

ENFORCEMENT

FOLLOWING a series of tragic fires in other hospitals, Northwestern Hospital worked out a carefully planned program of fire prevention. This was reported in the article, "Fire Orders," by Carl Platou in The Modern Hospital for December 1950. The fire prevention program should be a part of the general safety program. We actually found in working out the details of our fire prevention program that we began a safety program. Many of the possible causes of fire were found also to be potential causes for personal injury.

THREE BASIC STEPS

The basic steps of a safety program are to create: (a) a carefully planned and organized program with authority from the administrator to investigate and recommend policies and practices for the employes' safety; (b) an administrative channel through which to implement safety standards, fire prevention, educational and informative safety programs, and to establish regular safety inspection rounds and methods of keeping in touch with safety developments; (c) the concept of responsibility in all department heads to the degree that they recognize that safety is a continuing problem for all employes, not a spasmodic flurry or an isolated condition.

There are various ways to start such a program, i.e. floor by floor inspection, analysis of reports on employe accidents, and review of annual workmen's compensation insurance experience reports. Any variation is correlated with the human factor known as "accident proneness."

A statistical approach is helpful if you have a backlog of accident reports on employes. By examination you can determine what has been happening. Determine in which departments the most days were lost because of accidents and the department in which

lost time accidents occurred by comparative frequency. At Northwestern Hospital we found that housekeeping had a higher percentage of days lost than dietary had. These two departments, however, had a higher percentage than did engineering and maintenance. A further study of these records showed that it was in the dietary not the housekeeping department that the frequency of accidents was greater.

The safety committee, composed of department heads or their delegated representatives, under the chairmanship of the chief engineer, Warren Soderberg, decided at this stage to combine a general inspection of the entire hospital and nurses' residences for safety hazards with an analysis of each reported accident in their own departments. By such a study of the history of accidents and discussion in the committee prior to the tour, the department heads and employes within a department evaluated their respective working areas for potential hazards.



RUSSELL C. NYE

Administrator Northwestern Hospital Minneapolis

Before the first major tour a letter was sent by the administrator to all student nurses and all hospital employes which outlined management; philosophy for safety as a part of the established personnel policy, employes health service, fire prevention program, and other employe welfare activities. The safety engineer put on the "Block" demonstration for the committee. This illustrated the five steps leading to an injury:

1. Environment and inheritance.

Faults found in one's personality and temperament.

Hazard itself, which may be either an unsafe act or physical or mechanical hazard.

 Accidents (not all accidents result in injuries).

5. The injury itself.

MAKE THEM SAFETY CONSCIOUS

This demonstrated that proper attitudes were necessary, first, to bring about a safety consciousness on the part of our personnel and, second, to develop a willingness to prevent accidents in the future. The "Block" demonstration showed that by the removal of the hazard, either the unsafe act or the physical or mechanical hazard, injuries in the hospital could be reduced. An active interest among the employe groups was sustained by checking and analyzing all basic causes of accidents and correcting the physical and mechanical hazards discovered during this first tour.

The following basic causes of acci-

dents at Northwestern Hospital, from Jan. 1, 1948, to Jan. 1, 1949, were found to be the following:

MANAGEMENT RESPONSIBILITIES

- 6 Rules, standards, or instructions not enforced
- 33 Correct or safe tools or equipment not provided
- 6 Inadequate inspection of equipment or jobs
- 17 Improper method of doing work
- 2 Poor job planning

UNSAFE EQUIPMENT OR MATERIALS

- 7 Unguarded equipment
- 1 Defective materials
- 7 Defective equipment (not motor vehicles)
- 3 Improper type or poor design

PERSONAL ACTION OR CHARACTERISTIC OF EMPLOYE

- 2 Haste or short cuts 22 Improper or unsafe tool or
- equipment used
- 2 Horseplay or fooling
- 2 Instructions or rules disregarded
- 62 Inattention
- 1 Physical condition of employe
- 6 Improper method of doing work
- 2 Action of fellow employe

UNSAFE CONDITIONS

3 Congestion of the work area

- 5 Faulty layout of equipment or machines
- 16 Slippery floor or other places Management has several responsibilities in regard to safety:
- To think through recommendations for policies and precisely define the hospital's position.
- 2. To announce and explain the policies behind the safety program to all department heads and all employes and students. All concerned must realize that the safety committee has been authorized and is expected by the administrator to produce results.
- To establish standards after consultation with the local fire prevention bureau and the liability insurance carrier's safety engineer.
- 4. To restudy all conditions of work and procedures in areas where accidents occurred. Somewhere someone failed. We must find out why and how the employe was burned, bumped or bruised.

We know that only 2 per cent of injuries are unavoidable and that 98 per cent of all accidents in the United States result from personal actions or characteristics of an employe, the major fault being inattention at their work.

Research in human relationships pointed the way to a program focusing on employe attitudes toward safety. We used all of the devices of the conference and seminar technics; sound films from industrial safety programs; slogan contests with prizes to employes. These slogans were printed on all employes' time cards, posted on official bulletin boards and announced in the official house organ, the Northwestern, with credit acknowledged to the slogan's author.

National Safety Council posters were ordered and continue to be used regularly and changed each month on all official bulletin boards. The departmental "suggestion box" system was already in use and now regularly receives suggestions for improving employe safety and welfare. These are all discussed in the regular employe and department head meetings. These groups determine the merit of the suggestions and recommend them to the attention of the safety committee for followup.

WATCH OUT FOR THESE

Following are some of the hazards that must be kept constantly in mind:

- 1. Types and condition of floors
- Electrical (faulty wiring, substandard equipment)
- 3. Mechanical (guards, lighting, ventilation)
- 4. Mobile equipment (carts, litters, wheel chairs)
- Obstruction (storage of supplies, cleaning equipment)
- 6. Lighting in general (corridors, work areas)
- 7. Waste (disposal, papers and rags)
- 8. Fire (extinguishers, exits, stairwells)
- 9. Explosion (storage of explosive gases, alcohol, gasoline)
- 10. Unsafe acts (handling and operation of equipment, employe training for the job, proper instruction in the use of all equipment)

The administrator and the board of trustees must make possible a sound safety program as it is management's responsibility to decrease accident rates. It can be done by engineering, education and enforcement. As tangible evidence we can report that the number of reportable injuries dropped from 143 in 1948 to 31 in 1949. The report for 1950 was still better and Northwestern Hospital's actual accident frequency was 7.28 per million man-hours worked. The average frequency for all industry in Minnesota was 10.4 per million man-hours worked, which proves to us that "it's smart to be careful."

ADMINISTRATIVE CAPSULES

SICKNESS CAN be a humiliating experience, but there is one ingredient of the prescription which surpasses all others and that is summed up in one word—kindness.

HOSPITAL ADMINISTRATORS who complain that they cannot get things done for their patients "for love or money" have probably not tried both.

WHEN THE BLESSING of a full quota of years is mixed with the curse of prolonged illness, the hospital must help to find a way of disentangling this combination.

OUR PREOCCUPATION with the hospital bed is somewhat shortsighted because we now know that there is far more to be learned, to be understood, to be prevented and to be dealt with outside of the hospital walls.

REHABILITATION is the quintessence of social medicine at the end, just as preventive medicine is the quintessence of social medicine at the beginning.

THE RETURNS from preventive and rehabilitative effort are far more significant than the savings which result from negativism in medical care.

AT WHAT POINT between "acute" and "chronic" disease is a physician privileged to turn away from a patient? What shall we permit to happen in our hospitals when acuteness wears off and is succeeded by lingering discomfort, unrelieved anxiety, and downright suffering which complicate the factor of chronicity?—E. M. BLUESTONE, M.D.

CONVENTION DIGEST

The Modern Hospital

ST. LOUIS, 1951

LOVING WELCOME

THE administrator must be content with his administration," St. Paul wrote in his Epistle to the Romans. Contemplating fantastic problems of medical care, finance, nursing service and other aspects of hospital operation today, administrators might be pardoned for wondering if Paul knew what he was talking about.

Actually, the entire program of the 53rd annual convention of the American Hospital Association at St. Louis was an elaboration of St. Paul's idea: "The spiritual gifts we have differ according to the special grace which has been assigned to each," he told the Romans. "Each must perform his own task well, giving alms with generosity, exercising authority with anxious care,

and doing works of mercy smilingly." As they nearly always do in our materialistic age, however, the performance of tasks and the exercise of authority received more attention than almsgiving and works of mercy. But spiritual considerations were present, if not prominent, at St. Louis. They emerged, for example, in Dr. Arthur C. Bachmeyer's admonition to the convention: "Hospital administration courses do not and cannot graduate a finished product. They can only furnish the student with essential and basic knowledge. If he possesses the personal qualifications necessary in those whose major task is in the field of human relations, he can become an accomplished administrator. . . . The task of adjusting human relationships is an unending one." Spirituality shone through cracks in the hard surface of deeds and dollars at other points-in the ringing credo of a hospital trustee ("I believe in works of voluntary charity!"), and in Dr. Anthony Rourke's gracious acknowledgment of all that Dr. Malcolm T. (for Thomas) MacEachern has done for hospitals and hospital patients.

Elsewhere and otherwise, the convention concerned itself with practical matters: It voted the association into the hospital accreditation act by approving the proposals creating a joint program with other organizations. It changed association by-laws to make every hospital department head a potential dues-paying member. It approved (but just barely) a resolution supporting federal aid for nursing education. It sat through sober sessions and frolicked through a "Meet Me in St. Louis" social featuring hospital people in showboat costumes, beer by the bucket, and Dr. Frank Bradley delightedly performing on the elongated castanets of which he is the nation's leading, if not sole, virtuoso.

With registration crowding 7000, only the forehanded and fortunate found refuge in St. Louis hotels. Those who came late without reservations, or whose reservations got lost in the lottery, were dispersed in motels, tourist homes and boarding houses as far away as Webster Groves, Mo., and East St. Louis, Ill. Denied admission to downtown hotels, Negro delegates and visitors were shunted into segregated facilities; at least one, Dr. Charles Burbridge of Freedmen's Hospital, Washington, D.C., who came to St. Louis to be admitted to fellowship in the American College of Hospital Administrators, chose to go home instead. Blame-less but embarrassed by this unhappy circumstance was the A.H.A. An of-

CROSBY FOR PRESIDENT

Dr. Edwin L. Crosby, administrator of Johns Hopkins Hospital, Baltimore, was named president-elect of the association. Other officers elected were: treasurer, Dr. Arthur C. Bachmeyer. University of Chicago Clinics; trustees. Maj. Gen. George E. Armstrong, Surgeon General of the Army; Dr. E. Dwight Barnett, Harper Hospital, Detroit, and the Rev. Donald A. McGowan, National Catholic Welfare Conference, Washington, D.C. Delegates at large elected by the Assembly were: Gerhard Hartman, Iowa City, la.; John H. Hayes, New York City; Robert L. Loy, Oklahoma City, Okla., and Leo Lyons, Chicago. Philadelphia was named convention city for 1952.

ficial told reporters the convention would not return to St. Louis as long as there was segregation in living accommodations for delegates. "Be affectionate toward each other, as the love of brothers demands, eager to give one another precedence," St. Paul said. "I would see you unwearied in activity, aglow with the Spirit, buoyed up by hope, patient in affliction, persevering in prayer, giving the stranger a loving welcome."

ACCREDITATION

In its meeting on Sunday preceding the convention, the association's house of delegates, like a high spirited but well trained horse, hesitated on the approach to its first jump, then lengthened stride and easily cleared the barrier-approval of the proposals for a joint commission on accreditation of hospitals. As they have been on several previous occasions, the proposals were introduced and explained by President Wilinsky, who urged approval and re-minded the house that the A.H.A. could not maintain an accreditation program of its own without the cooperation of the American Medical Association. Then Dr. Wilinsky turned the meeting over to President-Elect Rourke to lead the discussion.

That was when the horse balked. After Dr. Rourke had answered an inquiry about who would inspect which hospitals for what, Delegate Melvin Sutley of Pennsylvania let loose a barrage of questions and doubts: How much was the A.M.A. going to spend on the program? What part would the A.H.A. play in inspecting hospitals? What areas of hospital administration would be subject to approval? Mightn't the proposed commission become a remote bureaucracy bent on regimenting hospitals? Pennsylvania hospitals, Delegate Sutley emphasized, were in favor of a joint commission, but not one which would consider phases of hospital operation not included in the standardization program of the American College of Surgeons.

Patiently, Dr. Rourke answered Pennsylvania's questions: A.M.A. expenditures would equal but not exceed those contemplated as A.H.A.'s share. A.H.A. would develop its own inspection staff, and inspections by the participating organizations would be coordinated as far as possible to eliminate duplicating visits. Hospital standardization would now expand into new areas, but, as Delegate William Illinger

of New York noted, A.H.A. trustees who helped plan the program were all hospital administrators, and there seemed little reason to fear bureaucratic methods.

Pennsylvania's fears, it developed, were not widely shared. A few delegates thought the house should take time to look further into details of financing and inspection plans, but a motion to defer action on the proposal lost by a 2 to 1 vote. Shortly afterward, the house voted approval of the recommendations and the Joint Commission on Accreditation of Hospitals, already approved by the American College of Surgeons, American College of Physicians and American Medical Association, became a reality.

As an afterthought, the house approved the trustees' recommendation to keep the \$100,000 set aside for standardization last year in a special reserve fund, instead of returning it to member hospitals, as Pennsylvania suggested.

BY-LAWS

Exhausted, or bored, by its hour-long discussion of accreditation, the house didn't fool around with proposed changes in the association's by-laws (creating "personal membership departments" for accountants, housekeepers, laundry managers and other technical hospital personnel; eliminating the association's Assembly, and changing other organizational details in the interest of streamlining association operations). To the astonishment of President Wilinsky, who had asked for a motion to approve the by-law changes and planned to postpone the discussion and vote until after the house had recessed for lunch, delegates clamored for the question and passed the motion without a word of debate.

This precipitate action upset association officials, who wanted to be sure the important by-law changes had full and careful consideration. After the recess, the chair asked for and got a motion to reconsider, then invited questions. In the discussion that followed, Delegate Albert Engelbach of Massachusetts and a few others mourned the passing of the Assembly, which they described as the individual member's only direct means of expressing his opinions and wishes. The house was not impressed, however, and the new by-laws were quickly approved. Changing hats, the delegates then became the Assembly and ratified the action putting itself out of existence. The horse was in full stride.

FEDERAL AID

When the house reconvened Wednesday evening, however, the horse reared perilously and almost refused the final jump. As chairman of the council on professional practice, Dr. Edwin L. For more news and pictures of the convention, see the news section of The Modern Hospital for October

Crosby of Johns Hopkins Hospital, who was later named president-elect to succeed Dr. Rourke, introduced a resolution approving the Bolton Bill for federal aid to nursing education and suggesting desirable amendments to be negotiated at the discretion of association officers. In support of the resolution, Dr. Crosby reminded the house of the acute nursing shortage, the association's earlier action requesting federal aid "to assist in the enrollment and training of additional graduate and practical nurses and auxiliary nursing personnel," and the need for cooperation between hospital and nursing

In his report, Dr. Crosby briefly reviewed arguments against the bill: There was always some risk that federal control would follow hard on the heels of federal funds; some members thought the association's stand for a voluntary as opposed to a government health system would be shaken by an appeal for nursing school subsidies; temporary grants sought to relieve the current situation might easily become a permanent need.

As discussion of a motion to approve the resolution got under way, Delegate Stuart Hummel of Joliet, Ill., elaborated on all these arguments against the bill and added a few of his own.

"How can we oppose compulsory health insurance and then run to Washington for help?" Mr. Hummel inquired. "Tell your officers you want no part of federal subsidies for nursing education," he concluded. "We have a responsibility for sound thinking and conservative action, not action to help push our government down the road to socialization."

After that, things got pretty lively. Several delegates acknowledged misgivings but felt the need for help was desperate. Others denied that local funds and human resources had been exhausted. One speaker cited Hill-Burton as evidence that federal aid was not always disastrous; another emphasized the difference between building grants under Hill-Burton and the oper-ating subsidies proposed for nursing schools. The "time-to-stop-the-trendtoward-socialism-is-now" theme kept popping up in the discussion. Minnesota's Ray Amberg tartly encapsulated the association's ambivalent position: "You want to invite government in on one side and keep government out on the other." Justifying the request for aid, supporters of the resolution pointed out that hospitals trained nurses for Army, Navy, Veterans Administration and other government services.

On a standing vote following an hour and a half of discussion, the count was 39 for and 29 against the resolution to approve the bill. The opposition demanded a roll call, and the final vote was 43 to 36. Breathing heavily, the horse headed for the stables.

HOSPITALS AND P. OF M.

The physician must not only be prepared to do what is right himself, Hippocrates said in his famous First Aphorism, but he must also "make the attendants and the externals cooperate." Coming to St. Louis to speak for the American Medical Association on the vexing topic of hospitals and the practice of medicine, Dr. John W. Cline of San Francisco unquestionably did what was right for the president of the A.M.A. to do, but he had trouble with the attendants and the externals. The externals were the sharply diverging views of the hospital representatives who shared the opening program of the convention with Dr. Cline (A.H.A. President Charles Wilinsky and Robert Cutler, president of Boston's Peter Bent Brigham Hospital), and the attendants were a couple of thousand hospital administrators in the audience who plainly agreed with them and not with him. Under the circumstances, it is doubtful that the program contributed much to the better understanding between doctors and hospitals that all three speakers agreed is absolutely necessary in our time. Sample sparks: CLINE: "When these services

CLINE: "When these services [radiology, pathology, anesthesiology] are performed by physicians they constitute the practice of medicine. The privilege to practice medicine is conferred by the state upon a natural person. . . . The practice of medicine by a corporation, with minor exceptions in a few states, is illegal. . . ."

CUTLER: "A hospital cannot care for the sick, as the state charters it to do. with bricks and mortar, with machines and equipment, with drugs and gauze, with syringes and thermometers. There must be human hands and hearts and intelligences. . . . The corporate hospital acts by and through these human beings to perform its charter powers. The acts which they thus perform do not constitute the practice of medicine by the hospital in the sense in which that term is used with reference to the licensing of an individual. Quite clearly it is proper for a hospital to employ doctors to act as its agents in carrying out its charter powers, and such employment merely constitutes the fulfillment by the corporation of its charter purpose in the only way in which that purpose can be fulfilled. . . . Whether the doctor is compensated on a salary basis or on some other basis that is agreeable has nothing to do with the exercise of corporate powers, nor

can it make such exercise proper or

improper."

WILINSKY: "Hospitals are the environment in which the practice of medicine is furthered. . . . We have a right as well as a responsibility to raise the question whether the answer lies in an organized effort to develop a rigid formula applicable to the more than 6000 hospitals. . . . The place of the full-time physician in the hospital has been firmly established."

CLINE: "The new national Blue Cross contract has been a cause of annoyance. The phrase relating to payment for services 'if administered by an employe of the hospital' should be deleted. . . Some patients tend to lump hospital bills and physicians' bills together in their minds, and resentment against the costs of medical care

is directed toward both."

CUTLER: "Here is a moment that calls for sound business principles in hospital administration, that calls for looking at the hospital as an integration of all essential services for patient care, that looks to the financial viability of the hospital as a total unit. . . . As a patient and as a trustee, I would wish for that sunshine day when the doctors and the hospitals, having made a reasonable agreement as to compensationwhatever might suit on both sidesfind a way to bill the patient once.

WILINSKY: "Many individuals of high ideals find no reason for deviation from the established method of payment for full-time specialists' employment. . . . It may be true that salaries paid in the department yielding a profit are too low-it is in this area that there is need for correction. This does not lessen the rights of a voluntary nonprofit hospital to make a profit, in my opinion, in a particular department, and use the money to meet deficits in an-

other.'

CLINE: "There is a fairly widespread impression that hospitals have changed from philanthropic institutions to hardboiled, commercially-minded business organizations which charge all the traffic will bear. The public will no more tolerate what it considers dollarconscious money grabbing on the part of the hospital than it will exorbitant

fees on the part of a physician."

CUTLER: "The mounting uprush of costs and wages has caught us all in the big squeeze. I am fearful that we shall be squeezed to death. . . . To meet the ever-increasing gap between oper-ating receipts and operating expenses we depend more and more on voluntary contributions from the general public. I believe in works of voluntary charity. I believe they are coterminous with spiritual liberty. I have striven for two decades to foster and strengthen them. I shall continue so to strive until the last flag is run down."

NURSING

Like a child listening to grownup talk, the hospital field has heard a lot of conversation about nursing service in recent years without knowing what many of the words really meant. At the convention's nursing section, Dr. Detroit's Harper Hospital spelled out some of the words. For the last year, Miss Wright has been directing a study of nursing functions at Harper and three affiliated hospitals, Dr. Barnett reported. Conducted under the sponsorship of technical and advisory committees representing interested groups in and out of the hospital, the studies are aimed at finding out precisely what hospital duties are and can be performed by various classifications of personnela subject which has had more than its share of purposeless arm-waving.

Studies are still going on, and the results have been summarized and evaluated only in limited areas, Dr. Barnett said. Nevertheless, he raised the curtain on a few of the findings:

1. Patients don't know or care about the difference between graduate and practical nurses and other floor personnel, as long as they are friendly and

helpful.

2. Doctors feel pretty much the same way about this. 3. Type of illness and condition of

patient are important determinants of the ratio of professional to nonprofessional service needed. 4. Number and kind of treatments

given point the way to nursing economies. (Example: Since the interval rather than the hour is the important factor in many procedures, planning can often eliminate peak loads.)

Already at Harper, changes introduced by survey findings are proving themselves in actual trial. Guided and speeded by the results of work simplification studies, housekeeping and dietary maids are performing many duties formerly done by nurses and their helpers. A pharmacy pickup and delivery service has cut down off-floor nursing mileage (to say nothing of stopover time at the snack bar). A general messenger service relieves nurses of tasks that used to take them off the floor for periods of 10 to 30 minutes at a time. Supply carts on the floors save more steps and time for nurses.

These and other changes, Dr. Barnett warned, must have employe acceptance to be effective. At Harper, this was accomplished by getting every-body into the act in the beginning.

PERSONNEL

The hospital administrator or department head who came to St. Louis complaining of personnel problems went home repentant. He went home resolved to alter his own vicious nature, to make prompt restitution, to demonstrate love for his fellow man, particularly those stupid supervisors and those lazy malcontents at the vegetable sink and the scrub bucket.

Every second speaker - and they were convincing speakers - reiterated management's new discovery: People are human. The stupid supervisor, they indicated, is only mimicking the boss. The good-for-nothings on the pay roll are the supervisor in silhouette.

Personnel relations are passé; it's human relations now. You don't express an interest in Nellie's getting her work done; you just express an interest in Nellie. If she is happy, she will love her work, she will love the hospital, she will even love the American free enterprise system. You never let the people who work for you see the rear side of your hand; you always let them feel the warmth of your palm.

When you manage to get yourself employe oriented instead of production oriented, you are giving general supervision, not close supervision. Same goes for department heads and supervisors; they supervise generally just as you supervise generally because they have first done a superb job of teaching

the employe.

An industrial relations counselor, James W. Tower, told the delegates these new facts of management life, but he was only one.

In the nursing section and in the dietetics section and in various other meetings, women's auxiliaries' included. speakers had drunk the milk of human kindness.

Dr. Marcus D. Kogel, New York City's commissioner of hospitals, thinks the low salaries paid professional, scientific and technical groups in public hospitals represents an explosive situation. His human relations' approach is largely through the pocketbook. Meals, laundry and lodging had better go, and public and voluntary hospital salaries be made competitive with those paid by V.A. hospitals, even if the money must come from increased rates.

THE COLLEGE

No athletic scandals, no rendezvous with bankruptcy, no frenzied plea for federal funds, two presidents, yes, but not demanding the same chair simultaneously - yet this institution calls itself an American college.

Higher Education, take a look; take a lingering, envious look at the American College of Hospital Administrators. Meeting in St. Louis September 15 to 17, this singular college reported (1) sound growth-45 persons advanced to

membership, 159 advanced to fellowship, 219 nominees; (2) the sum of \$270,000 in the project hopper at the "official close" of its fund raising effort; (3) a status in which "the balanced is budget"-a spoonerism produced by President Frank I. Walter in delivering President Frank J. Watter in delivering his splendid annual report, and (4) two new presidents: E. I. Erickson of Au-gustana Hospital, Chicago, incoming, and Dr. Fraser D. Mooney of Buffalo General Hospital, Buffalo, N. Y., elect.

If the two program headliners had traded time, audience satisfaction would have heightened. Psychologist James F. Bender, the Bachmeyer lecturer, ap pearing at 10 a.m. Monday, made the Type A after-dinner speech; the formula is studied ease in presentation, carefully spaced jokes (Bender's were paradoxically compounded of corn and suspense), and a really inspiring message. Dr. Hu Shih's serious political speech at Sunday night's banquet might have been better suited to a mid-morning hour. Such is the incalculable risk

in program planning.

The by-laws biz was a breeze. Chairman Edgar Hayhow could not provoke the briefest bicker, let alone accumulate amendments to the amendment to the original motion. In the revisions adopted the educational policies committee acquires permanent status, appraisal of candidates will be speeded through an enlarged credentials committee (membership strictly secret and divided according to types of creden-tials), an "approved" hospital is defined for A.C.H.A. membership, the duration clause for nominees has been deleted, regents may no longer succeed themselves, and life members are accorded every privilege and duty save payment of dues.

Honorary fellowships went to President J. Roscoe Miller of Northwestern University, the Rev. Donald A. Mc-Gowan of the National Catholic Welfare Conference, and posthumously to

Dr. John B. Pastore.

Guy M. Hanner, Good Samaritan Hospital, Phoenix, Ariz., was elected first vice-president, and Eva Wallace of All Saints Episcopal Hospital, Fort Worth, Tex., second vice-president. New regents are Warren F. Cook, Anthony J. Eckert, David A. Endres and A. A. Aita.

BLUE CROSS

Fully emerged from its scared white period, Blue Cross has not yet entered

its tickled pink period.

Those pallid faces of a few years back today wear looks of confidence, for national coverage, which then appeared impossible, has been achieved. Now the hope is that Blue Cross can enroll everyone except the indigent before an impatient public turns sobbing to dear old Uncle.

No more complex or difficult problem has ever faced business than the development of a national hospital insurance program "without sacrificing the Blue Cross principle," William S. McNary of Detroit, chairman of the A.H.A. Blue Cross Commission, stated.

First came the much feared Interplan Service Benefit Bank, and it worked. Next was born a central Blue Cross agency, the syndicate method: it worked too. Health Service, Inc., the central mechanism for handling national accounts that do not lend themselves to the syndicate system, also works,

In southwestern Ohio, Hospital Care Corporation in Cincinnati, 11 years ago gave the hospitals and 21/2 years ago gave the doctors a real part in Blue Cross policy making. How planned co-operation has paid off was told by James E. Stuart, executive director. The doctors now tell the doctors that bankruptcy of Blue Cross is the quickest route to socialized medicine.

Nor does Blue Cross of Cincinnati ever mention that it puts up the hospital posters and stickers that proclaim Help keep patients' costs down." But the doctors are helping keep costs down, and there has not been an increase in Blue Cross rates there in the 21/2 years

of M.D.-B.C. cooperation.

Dr. Fred G. Carter, always a practical man, has worked out a simple algebraic formula for calculating hospital charges on a cost basis. It looked good as he explained it to the audience, aided by mimeographed give-aways. The plan is based on proper weighting of ward, semiprivate and private room accommodations in arriving at the average per capita per diem cost.

Under the Carter formula, an equitable rate structure could be worked out for use with Blue Cross plans, private insurance companies and individuals. A hospital using such a base for rate making could actually take the public into its confidence and explain how

its rates are set up.

Asked to assess Blue Cross potentials, Richard M. Jones of the Chicago Blue Cross plan sees the far-off pink glow of the entire self-supporting population enrolled in nonprofit plans. New technics have reversed the gradually descending enrollment curve and last year saw a spurt ahead that should continue, Mr. Jones prophesies.

AUXILIANS

Come atomic hell or just plain high water, the Auxilians will be on the

At the fourth annual conference of A.H.A. women's auxiliaries, the delegates took notes on the details of recruitment drives, blood donor cam-

paigns, patients' libraries, thrift shops. rummage sales, fairs, radio script writing and exhibits. But when it came to disaster planning, the girls took notice instead of notes-sharp notice.

First they heard from Washington on civil defense, the speaker being Mrs. John L. Whitehurst, assistant to the federal administrator. Then came Anthony W. Eckert, the double disaster man from Perth Amboy, N.J. In the six months between the dock explosions at South Amboy and the costly commuter train wreck at Perth Amboy, the volunteers had trained themselves for disaster duties and did the routine tasks assigned to them well.

Finally came Elmina L. Snow, administrator of Emerson Hospital, Concord, Mass., to describe the preparatory course for atomic attack being given volunteers there-lessons in laboratory technics, in blood transfusions, in caring for burns, in caring for fractures. In the first year 150 of these medical aides have been trained. Since many atomic explosion casualties will require surgical intervention, 16 medical aides have been given special work in operating room technics.

Some 500 delegates attended the four days and two nights of sessions, not to mention the luncheon, tours and movies. The group was predominantly Midwestern, as this was the first meeting west of the Mississippi. But they came, too, from Saskatoon and Spokane, from Portland, Me., and Portland, Ore.

This year's program had been upgraded significantly-fewer formal papers on money-making ventures (these were handled in chit-chat sessions of an evening) and more solid information on hospital costs, personnel difficulties, the legislative outlook and the like, given by qualified speakers, many of them hospital administrators.

THEY GOT IDEAS

For a portable oxygen unit which can go along with the patient's stretcher or cart, Dr. Otis G. Whitecotton of Alameda County Hospitals at Oakland, Calif., won first prize in the association's What's an Idea Worth?" contest. To Dr. Whitecotton, the idea was worth a \$100 defense bond. Telephone service via "telecart" was worth a second place \$50 bond to A. H. Westbury of Montreal General Hospital, and Ralph Perkins of the U.S. Marine Hospital on Staten Island, N.Y., took third, and \$25, for a system of controlling distribution of keys.

SEEN IN ST. LOUIS

A.H.A. Convention in Pictures September 17 to 20



Ala., came these Sisters of Charity, ter Rosanna, administrator, City Hosincent, director of nurses, Betty Kelleof public relations, and Sister Marnistrator, all of Providence Hospital.



Dr. Frenk Bradley of St. Louis, accompanied by an accordionist, plays the "bones" for the edification of Fether McGowan during the gay "Meet Me in St. Louis" show.



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amilton, Minneack Mazur and
prick, Louisville.





Left: R. O. Dougherty, City Mamorial Hospital, Winston-Salem, N. C., and Vernon Root, Community Hospital, Battle Creek, Mich., get their tickets early for the Monday night show. Below: Allan Barth, Lansing, Mich., addresses the women's auxiliaries. On stage, (I. to r.): are Hiram Sibley, Mrs. Ruth A. Hirsch of Kansas City, Mo., and F. Ross Porter, Duke Hospital, Durham, N.C.



Left: Major Knickerbocker, U Dix, N.J., (left) is wide-eyed Island Hospital, Providence, perhaps by the fast buck-and by H. J. Mohler, Missouri Pa and Irene F. McCabe, St. Lo Right: Three members of t Service (left to right), Dr. Mazur and Dr. Louis Block, ein conversation, during a



The sign points thataway but Sister Noemi de Montfort, assistant administrator of Hospital Sainte Justine, Montreal, hurries thiseway in pursuit of some other meeting, Right: Dr. Michael M. Davis of New York (right) registers perplexity at the statement of Dr. A. W. Kruger (left) general medical superintendent, New York City Hospitals.



Add meetings and greetings department: Frank Walter, left, of Portland, Ore., retiring president of the A.C.H.A., beams happily upon Stuart Hummel, admin strator of Silver Cross Hospital, Joliet, III.













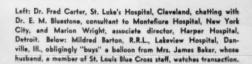
cker, U.S. Army Hospital, Fort newed and Oliver Pratt, Rhode dence, is highly entertained, uck-and-wing being performed ouri Pacific Hospital, St. Louis, St. Louis Blue Cross (below), s of the U.S. Public Health j, Dr. John Cronin, Dr. Jack lock, engage Dr. Albert Snoke og a tour of the exhibits.



The convention draws visitors from foreign shores, notably (upper right) Sarah P. Samarasingh, nursing con-sultant from Caylon. With her (left to right), are Ann E. Poorman, Lou A. Arbogast and Dr. Martha A. O'Malley, all of the Indiana State Board of Health. Right: Other visitors are these from St. Paul's Hospital, Saskatoon, Sesk. (I. to r.), Mrs. B. W. Hoeschen, Mrs. F. W. Rosher, Mrs. F. H. Henley and Mrs. I. W. Leeper. Left: William Howes (left) hails from Bristol, England, but is now a fullfledged American and head of Physicians and Surgeons Hospital, Chicago. His companion is George Fleigh, administrative resident of the Illinois Masonic Hospital, Chicago.











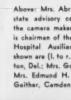
Left: A "Mount Sinai of New York" reunion, Reuniters are, (left to right): Dr. J.
A. Kattive, Mount Zion Hospital, San Francisco: Dr. Joseph Turner, Mount Sinai, New York, and Dr. Morris Kreeger, Michael Ressa Hospital, Chicago. With them (at right), is Reginald Isaacs, the planning director of Michael Ressa





Top of Page: Registration is always the first thing, and here early-birds Daniel Polsky, trustee of Norwich, Conn.; Hiram Sibley, executive director, Connecticut Hospital Association; J. D. Colman, Johns Hopkins Hospital, and Ralph Jordan, Columbus Blue Cross Plan, are getting the form filled out. Above: Anthony Dickens, Spring-field, III., (1eft) and Clyde Raynolds of Chicago's Provident Hospital (right) look amused at James Gersondo's absorption in a piece of literature. Below: Mrs. Frank Bradley (1eft) visits with Dr. and Mrs. Charles F. Wilinsky and Ether Rabb.







Below, left: John Mannix, Cleveland Blue Cross, holds up the wall of the Jefferson Hotel as he talks with (I, to r.) Bob Dann, Muskegon, Mich.; Carl Flath, Nassau, N. Y., and Dr. Maynard Martin, St. Louis. Below, right: Priscilla Campbell of Chatham, Ont., (right) waits her turn while Sister Agnes, Elizabeth, N.J., and Sister Miriam Thomas, Suffern, N. Y., register. The earnest lady who wandered into camere range as the bulb flashed dashed off before she could be identified.



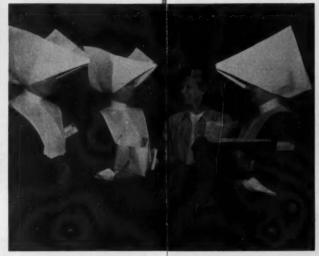






NOW SPEAKING

rs. Abraham E. Pinanski speaks and the sory counselors (below) listen even if a makes it look otherwise. Mrs. Pinanski in of the A.H.A. Committee on Women's Auxiliaries. State advisory counselors (I. to r.) Mrs. Frank L. Frost Jr., Wilming-Mrs. Gordon E. Marble, New Hampshire; und H. Smith, Seattle, Wash.; Marie T. Lamden, N.J.; Louise Avery, Missisippi.



From Mobile, Ala., came these Sisters of Charity, (I. to r.): Sister Rosanna, administrator, City Hospital; Sister Vincent, director of nurses, Betty Kelleher, director of public relations, and Sister Marquerite, administrator, all of Providence Hospital.

SEEN IN ST. LOUIS

A.H.A. Convention in Pictures September 17 to 20



Dr. Frank Bradley of St. Louis, accompanied by an accordinist, plays the "boses" for the adification of Father McGowan during the gay "Meet Me in St. Louis" show.







Above, right: A.M.A. President John W. Cline, addresses the opening genetal session of the convention. With him on the platform are (I. to r.) Robert Cutler, trustée, Peter Bent Brigham Haspital, Boston; Dr. J. P. Sanders, president, American Academy of General Practice; Dr. Wilensky, and A.H.A. President-elect Edwin, Crosby, Johns Hopkins Hospital, Right: The house of delegates meeting evoked varying expressions on the faces of (I. to r.); Dr. Kenneth Babcock, Detroit; Dr. E. L. Crosby; Dr. A. W. Snoke, New Maver, Dr. Robert Brown, Chicago; Dr. Duight Barnett, Detroit; James A. Hamilton, Minneapolis; Dr. Jack Maxur and Bentley Frederick, Louisville.







The convention draws visitors from foreign shores, notably (upper right) Sarah P. Samarasingh, nursing con-sultant from Ceylon. With her (left to right), are Ann E. Poorman, Lou A. Arbogast and Dr. Martha A. O'Malley, all of the Indiana State Board of Health. Right: Other visitors are these from St. Paul's Hospital, Saskatoon, Sask. (I. to r.), Mrs. B. W. Hoeschen, Mrs. F. W. Rosher, Mrs. F. H. Henley and Mrs. I. W. Leeper. Left: William Howes (left) hails from Bristol, England, but is now a fullfledged American and head of Physicians and Surgeons Hospital, Chicage. His companion is George Fleigh, administrative resident of the Illinois Masonic Hospital, Chicago.



Hospital, Cleveland, chatting with to Meatefiore Hospital, New York societe director, Harper Hospital, t, R.R.L., Lakeview Hospital, Danloon from Mrs. James Baker, whose Jue Cross staff, watches transaction.





Left: A "Mount Sinai of New York" reunion. Reuniters are, (left to right): Dr. J.
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How good is your

MERIT RATING SYSTEM?

EVERY organization has three types of employes: the top producers, the average to good producers, and the marginal workers who are the first to be laid off or discharged when cutbacks or similar circumstances arise. Obviously, it is cheaper to train and upgrade good workers into top producers, and marginal workers into good workers than it is to undergo costly labor turnover.

Merit rating systems cannot accomplish miracles of increasing worker effectiveness directly, but they do provide a means of reviewing the personnel, determining which category the individual falls into, and guiding management in selecting individuals to receive additional training.

BASIS FOR PROMOTIONS

In addition, merit rating provides a sound factual basis for promotions and pay increases, and a merit rating system that is understood by all employes can exert a strong psychological influence on their productivity once it is generally known that the system is equitable and is administered consistently. Such a system may also be used as an effective check-up on a new worker at or near the end of his probationary period. It also serves as a factual basis for separations interviews to show the dischargee just where and how his presence became undesirable.

There are four requirements that any merit rating system should fulfill in order to accomplish its objectives:

1. There should be a thorough evaluation of every job in the organization to which the merit rating is applied. The fact is that modern technics of job evaluation have been developed to the point that they are successful in evaluating all positions in an organization, even the high salaried executive positions. Such job evaluations should include not only an analysis of the job content, job operations, and a general description, but also the "job price," or price range, and performance standards set for various activities.

2. Job qualifications and performance standards should be defined for

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each position that is to be rated. The qualifications should cover both the necessary technical knowledge and skill which the individual should possess, and such personal characteristics as neatness, honesty and alertness, which may have a direct bearing on his productivity and harmonious assimilation into the organization.

3. The factors to be rated should be selected carefully and sensibly. There is no point in rating a mechanic on cleanliness or a stenographer on fallen arches. The list of factors should be kept as brief as possible; perhaps 10, and not more than 15, have been found by experience to be about the largest list any person doing the rating can handle intelligently and effectively.

4. Standards of rating should be as precise and clear-cut as possible. The definition of such terms as "alertness" or "honesty" or "courtesy" is difficult, and great care must be exercised to make the definitions precise and to avoid overlapping between terms in the list. It is highly desirable that the terminology and the standards of rating be developed by joint conferences of all or nearly all persons who will do the rating so as to have, as far as possible, complete understanding of terms in order to obtain uniformity of ratings. Ratings of workers by supervisors should not be expressed in numerical scales or percentages, but rather by selecting a statement from a series of possible choices such as those shown in the accompanying table.

By selecting from such statements as those listed that which applies to the person being rated, the executive using the rating sheet can understand exactly what the supervisor had in mind rather than wondering if Joe's rating of 7 isn't somewhat lower than Pete's rating of 9 in some other department.

DETERMINE PROPER PERCENTAGES

Another consideration in developing rating standards is the weighting of the factors. Suppose that 10 factors have been selected, and in the opinion of management one or two are more important than all the rest put together: What relative percentages should be assigned to these factors? Of course, the answer to that question is beyond the scope of this article. It can, however, be answered in the individual case by careful study of the situation, by consultation with the persons responsible for merit rating within an organization, and by arriving at a mutual agreement among all involved as to the relative importance of the factors

One vital point in setting standards: get the employes, or at least an employe committee, into the thing at an early date, and have all standards worked out on a mutual basis with the workers having an equal voice with management. They will not only thus have no complaints, because they understand what is going on, but they will have a great deal of practical in-

"PERSONAL HEALTH"

NOT:	Very Bad	Poor 2	Fair 4	Good 7	Excellent 10
USE:	Often absent	Often tired	Seems to be about	Quite active,	Abundant energy and

EVALUATE YOUR MERIT RATING PROGRAM

SCOPE	None	Clerical jobs only	Production and clerical jobs	Hourly jobs only	Promotion, clerical, hourly and executive jobs
EMPLOYE PARTICIPATION	None	Helped prepare job descriptions	Approved job specifications	Sat in on conferences	Equal voice with managemen
SUPERVISOR PARTICIPATION	None	Helped prepare basic information	Approved details of program	Were called into conferences	Active members of committee
WHO RATES WORKERS	No one	Personnel department	Department head	Department head and assistant	Department head, assistant, and personnel department
WHO RATES SUPERVISORS	No one	Personnel department	Superintendent	Superintendent and personnel department	Superintendent, personnel department, and top management
HOW LONG	None	Started but not put in action	Loss than a year	One to three years	More than three years
JOB EVALUATION	None	Classification by title	Standard point system	Custom-built point system	Characteristic comparison system
FACTORS RATED	None	Job skills in performance	Personal characteristics	Skills and personality	Skills and personality weighted to fit circumstances
STANDARDS OF	None	Numerical scale	Percentages	Multiple-choice enswers	Multiple-choice weighted and keyed
ACCEPTANCE	Employes opposed	Employes in doubt	Indifferent	Employes accept it	Employes enthus astic

formation to contribute to the setting of the standards. Even if the contribution of the workers were not so important as such, the effect on morale and upon the acceptance gained by the program makes it advisable to bring them into the picture.

Other problems involved in merit rating include the scope of the plan, who shall do the rating, and the participation by the supervisory organization.

Inasmuch as job evaluation can be accomplished for almost every position in any organization, there is no reason merit rating cannot be similarly broad in scope. The effect on employe morale is generally good if other members of the organization, including supervisors and executives, are subject to a similar form of merit rating. It breeds confidence when the whole organization is governed by a set of uniform, equitable principles, The selection of the individuals to

perform the rating is one common source of irritation and difficulty. The natural inclination is for the supervisors to rate everyone under their control, which works out all right if the other supervisors rate their people by similar standards and if the department head is not given to showing favoritism. It is usually good policy to have group leaders, assistant supervisors, and some representative of the personnel department rate the worker where possible, so that there are two or three ratings of each individual. This sounds like a great deal of paper work, but in practice it takes little time to rate a worker on 10 or 15 characteristics on a printed form when the ratings have been set up in simple The personnel department should have forms ready with workers' names and other basic information already typewritten in before they are distributed to the supervisors.

When it comes to rating supervis-

ors and junior executives, the selection of the person to do the rating becomes even more difficult. Some organizations get around this with a committee; others use a round robin system. It is more necessary than ever at the upper levels for there to be several ratings of a single individual.

Supervisory participation in the establishment as well as in the operation of a merit rating system is essential. These men and women have much to contribute to the program in its initial stages, and should feel that it is in large part their own "baby" in order to ensure their maintaining it at peak effectiveness.

At the top of the page is a chart on which you can rate your own organization's merit rating system. Place a check mark in the box containing the situation most nearly corresponding to your own and connect the marks with a heavy line to obtain your organization's merit rating profile.

B. P. BRODINSKY Washington, D.C.

Many codes call for outer brick walls of 12 inch thickness when 8 inch walls would do today. At the left is pictured a full-scale burnout test conducted by the National Bureau of Standards. The data thus obtained provided much useful information on temperatures reached in actual fires. The results were correlated with laboratory tests and applied in developing code requirements. This test also showed the persistence of high temperatures in debris blanketed by fallen masonry.



Improvement in BUILDING CODES

will save hospital construction costs

TALK about building codes and you talk about dollars—hospital construction dollars—and the health and welfare of the community.

Talk about building codes and you talk also about the most cussedly rigid social instrument that has appeared on the scene since Noah built his Ark of gopher wood, 300 cubits in length, 50 cubits in breadth, and 30 cubits in height—man's first building code.

Note that Noah got specifications for both materials and size. Had his instructions been merely to make an ark strong enough to withstand the waters of the flood it would have been man's first "performance code," and the history of construction might have been different.

There are two ways to state how a building is to be made safe and wholesome for human use. One is to specify the exact materials that must be used, their sizes, and how they are to be put together.

For example, the "specifications" type of code may say: "All cast-iron or rolled-steel columns used for vertical supports in the interior of a fireproof building shall be protected with not less than 4 inches of hard burned brickwork, concrete or other fireproof material."

Another way is to say what results you want and leave the details out. Example: "Iron or steel columns shall be protected by materials or assemblies having a fire resistive rating of four hours."

The first way is clear and definite, but it makes no allowance for new materials that might do a better job.



Joseph P. Wolff is president of the Building Officals Conference of America, which is one of the big four code writing groups that have joined with the federal government to form the Joint Committee on Unification of Building Codes. The joint committee's goal is not to write the final answer in building codes but to refine concepts that should go into a code, simplify provisions, reduce the pressures of special interests, and hold forth a standard toward which the wise and the honest municipal official can work.

The second is clear and definite as far as it goes but throws no light on what materials and thicknesses are needed.

Most of today's 2200 local codes are of the first type, giving rigid specifications. The goal lies the other way. The four or five so-called model codes developed by national organizations claim to be of the second or performance type. But it isn't an either-or choice. New York State, for example, is developing a first rate performance type of code for dwellings and public buildings. The experts agreed, however, that the performance code (a relatively thin pamphlet) will be accompanied by a manual (a good sized tome) giving specifications of materials and sizes to achieve the desired results!

A COMPLICATED BUSINESS

But no community, state or welfare group can ease its conscience by saying, "Let's adopt a performance type of code," and let it go at that. The meaning of building codes goes deep into the social fabric of our life.

In attempting to get behind the story of building codes I went to a sprawling establishment high on a Washington hill, the National Bureau of Standards. On the office shelves of Martin Goerl, one of the best informed men on codes in the country, were stacked a good portion of the existing codes in this country. I thumbed

through many of them. The pages appeared dull, technical.

But in the words of George N. Thompson, another of the Bureau of Standard's top men on codes: "The contents of a code are something more than a routine statement of technical details. They are, or can be, a dynamic force in shaping the physical character of a community through the standards that are imposed. They are instruments for protection of safety, health, morals and general welfare for all of us who live in homes or are patients in hospitals."

The earliest codes were the first effective fire prevention laws in America. Whenever disaster struckwhether fire, explosion or building collapse-the people's attention turned to the building codes, and immediately they wrote in new restrictions or regulations to prevent similar disasters. Like many a peace treaty in man's history, codes were written to correct mistakes that had already happened. And they were mostly "don't" codes. A code based on prohibitions looks backward. Yet everything and everyone else concerned with construction look ahead.

There are three simple questions a hospital administrator should ask about his building code:

What is its age? The age of a code is a sign of quality. The building art

moves forward every day. A code must keep up with it. Yet, one Minnesota community (Stillwater) reports a code adopted in 1886 still in existence—the oldest one known. Nearly half of today's codes are 20 or more years old. Some of these are frequently patched up with new amendments. However, amendments clutter up the code, making it difficult to understand and follow. The Bureau of Standards suggests that each community should overhaul its code every 10 years, and preferably at shorter intervals.

Are the code's contents clear and its regulations easily located? If an administrator wants to know the load a hospital roof is required to carry, the building or municipal official should be able to tell him swiftly, without hemming-and-hawing, and in clear terms. When building officials try to hide behind the "technicality of a code" the time has come to reexamine the entire code.

Is the underlying philosophy of the code one of fixed rigidity or flexibility? If the code contains a great amount of minute and specific directions, if it rules out the use of new building materials, new standards and new ways of building, it will soon be outstripped by the times. On the other hand, if the code is expressed in terms of what is wanted in the way of strength, fire resistance, safety, there is a better chance for keeping the community's building abreast of changing conditions.

Most building codes today do not pass these three simple tests. Instead, we have today a bundle of local codes that are obsolescent, restrictive, rigid, frequently unsuited for the community's climate and needs, and abounding in cost padding requirements.

COST PADDING REQUIREMENTS

How did they get that way?

First, because they were handed down from community to community. Code writing is an exceedingly expensive undertaking. (Chicago recently spent \$100,000 merely to reword its code.) It's much simpler for a community to copy a code from some other city or town. This has proved costly to certain sections of the nation.

For example, a code written on the West Coast and adopted in a Midwest city would certainly penalize construction in the latter city. Such a code would have to carry the influences of the West Coast, provisions for vertical accelerations and other requirements

that would not be necessary in the Midwest. Certainly a code written in New York City, when applied to a southern city, would add cost unnecessarily to hospital construction, as well as to all other construction. In the North a building has to be made strong enough to carry snow loads; in the South it is only essential that the wind loads for structural requirements be computed to obtain the needed safety.

The second reason for the chaos in our codes is that many of their regulations have been "recommended" by interests that had materials, labor or services to sell.

Joseph Reed, building code expert of the Housing and Home Finance Agency, says: "Early building codes were developed when the fire insurance industry and materials producers issued standards and recommended using particular materials in an approved construction manner. The municipalities grabbed them up because they couldn't hire an adequate staff to determine the quality of a material or design. So at this early stage the municipal govern-

ment executed its governmental function by referring to the standards of the materials producers or the fire interests as the authoritative pattern."

Later came private organizations whose job it was to test the strength and workability of materials. In effect, these groups said: "When a building is constructed in this manner it meets with our approval." The municipal governments were glad to latch on the suggestions—free for the taking.

Still later came the so-called private code writing groups, sponsored in many instances by fire insurance or other interests. More than half the municipalities in the United States have building codes obtained from some such organization. This means that an entire building code could be obtained from an outside source in a ready package and made local legisla-

tion simply by council adoption.

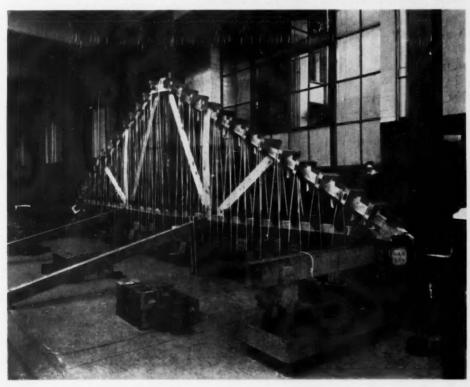
Those who had materials, labor or services to sell were ever on the alert when "model" codes were written or adopted.

Slide films prepared by the Housing and Home Finance Agency show that many codes call for outer brick walls of 12 inch thickness when 8 inch thickness would do today.

Other codes call for at least 8 inches of free wire at outlets for connections to fixtures. Six inches is ample, says the Housing and Home Finance Agency, and electricians usually cut the wire off to this length anyway. However, multiply this waste by, say, 300 outlets in a hospital, and you have 100 feet of precious copper wire tossed on the scrap heap.

Many codes call for extraheavy pipe when a lighter pipe would be ample,

By applying known forces to specimens that accurately reproduce the most important structural parts of a building, N.B.S. engineers simulated loads that might be encountered in actual service. Weights have been suspended from a roof truss and put on cross members to find its performance under load. This research has more value for home builders.





Above: Durability of materials must be considered as well as original strength. Masonry walls are exposed to weather to determine resistance of brick, tile, stucco and mortar over a period of years. Below: Walls, too, must be able to resist the shearing effect produced by high winds blowing on intersecting walls. N.B.S. laboratory simulates this effect by applying force at diagonally opposite corners of the walls.



and for intricate installations of stack and other plumbing fixtures when more simplified installation processes could serve.

In days when wood was the principal building material fear of conflagration was real and justified. This fear has impelled communities to adopt codes that today—in the age of steel and mortar—go far beyond safety requirements. Naturally, the fire insurance interests have supported the moves to build the greatest possible fire resistiveness into buildings.

Today, these regulations are overcostly and overrestrictive. No hospital administrator wants to reduce the fire safety of the building. Nor is that necessary. Tests at the National Bureau of Standards prove that building materials today can offer fire protection without the cost padding practices called for in codes.

"One way by which hospital dollars can be saved is by reexamining the fire resisting code regulations," says a federal code authority. Here's a random example: The Pacific Coast uniform building code recommends that exterior walls must have a fire resistiveness ranging from two to four hours. Yet most local codes require a flat four hour rating with no variations for interior or exterior walls. And it costs extra dollars to build more fire resistiveness in a wall.

Some building officials would go even farther. They claim that only hallways, stairways and exits need have four-hour ratings. For the rest of a building a rating of one to two hours is sufficient. But so far no one has been bold enough to suggest the cut to this reasonable level.

FEATHER-BEDDING

Organized labor has been accused of inserting into building codes feather-bedding provisions. Some of these charges may be true. But few government officials see much significance in this accusation. They say that labor's grip on the building codes has been exaggerated. Yet it exists. The most famous example of a feather-bedding requirement appears in Chicago's building codes. The plasterers' union had succeeded in writing in that "there shall be applied a coat or coats of lime, gypsum or cement plaster not less than 1/2 inch in thickness" on all wallsand such plaster is certainly not needed on many new types of wallboard.

The plasterers' union, however, found a unique justification. It claimed

that a coat of plaster assures a "sanitation value" which it says can be obtained only by a "seamless unbroken continuous plaster surface." Although it has been proved that plaster can also crack and become the home of vermin, the provision still stands.

Rigid as most codes are, they are nonetheless giving way under the blows of many forces-technology and its new products; the defense effort and its need for mass construction; rising labor costs, and the slow painstaking work of researchers who are discovering what building materials can and cannot do.

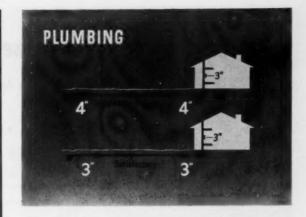
In scattered communities-still too few-groups of men and women are looking critically at small-print volumes that describe the intricately complex building codes. Revision committees are at work in probably fewer than 100 communities throughout the country. Several state governments are at work on the arduous task of rewriting building codes.

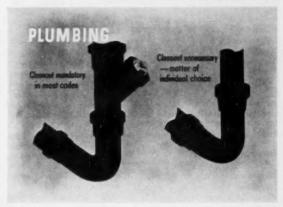
NOW A JOINT COMMITTEE

Four regional organizations have adopted so-called model codes and are continually revising them. Each code is the product of intensive study and testing with buildings and provides the nearest thing we have to a national standard. The groups are: the National Building Code of the National Board of Fire Underwriters, the Uniform Building Code of the Pacific Coast Building Officials Conference, the Southern Standard Building Code of the Southern Building Code Congress, and the Basic Code of the Building Officials Conference of America.

The codes of these four organizations still have wide differences. To reduce these as much as possible, the big four code writing groups have joined with several agencies of the federal government to form the Joint Committee on Unification of Building Codes. This committee will continue to be at work for months, if not years. So here is the top of the pyramid of groups concerned with building codes. The joint committee's goal is not to write the final answer in building codes. It is, rather, to refine the concepts that should go into a building code, to simplify provisions, to reduce the pressures of special interests, to hold forth a standard toward which the wise and honest can work.

To return to the regional code writing groups-their work is important (Continued on Page 132)







Many codes call for extra heavy pipe and for intricate installation of stack and other plumbing fixtures when more simplified processes could serve. Similar waste comes from requirements of excessive free wire at electrical outlets and four-hour ratings for interior walls.

Make the New Nurse Welcome

an orientation plan for graduate staff nurses

FLORENCE G. YOUNG, R.N.

Associate Director in Charge of Nursing Service Michael Reese Hospital, Chicago

VERA R. KEZAR, R.N.

Assistant Nursing Arts Instructor School of Nursing Michael Reese Hospital, Chicago

IN SEPTEMBER 1949, we reviewed and started to reorganize our orientation program for graduate staff nurses. Our aim was and is to give to the new nurse an awareness of our appreciation of her important place in the care of the patients in our hospital and to help her to acquire as quickly as possible a feeling of security and confidence in herself and a pride in her place in the organization. We believe that when this aim can be accomplished the nurse is able to give her best service to the patient. Because we offer a position only after obtaining recommendations we assume that the nurse is competent and we try to impart to her our feeling of confidence in her ability.

SEND PERSONAL LETTER

The aim of the program is kept in mind from the first contact with a prospective candidate for a position. The initial inquiry is answered by a personal letter (not a form letter) in which she is told of the positions available and asked about her special interests. Enclosed in this letter are our general terms of employment, including information about the necessary qualifications of the applicant, hours of work, length of service, vacations, illness provisions, opportunities for promotion, and available insurance and retirement plans. A salary scale showing scheduled pay increases and increments for special services and evening and night duty assignments is also enclosed together with our application form. A brief description of the available living facilities is given and other questions are invited.

When an application is received it is immediately acknowledged, the applicant is informed that references are being requested and that she will again hear from us when such references are received. Upon receipt of favorable references, a letter offering the applicant a position, stating the

specific beginning salary, periodic increases, hours of duty, minimum length of employment and date of employment are given. Recognition of special preparation or experience, or both, is given by an increase in the beginning salary. The date of employment is made according to the applicant's statement of her availability.

If the applicant chooses to live in our residence, provision for a room is made well in advance of her employment and all receptionists are informed of her name and date of arrival. She is assigned a room near other nurses who will be working on her division or, if she has friends employed here, near those friends.

Upon her arrival she is given a pamphlet of information about the residence. This includes information about mail deliveries and collections: telephone calls; bulletin boards; guest privileges; laundry, personal and uniform; cleaning services; libraries; swimming pool, tennis courts; lounges; beauty parlor; food and gift shops, and transportation services. A receptionist shows her the dining rooms, gives her information about meals, and provides escort to her room and transportation of luggage. She is also given a note of welcome from the nursing administration and specific instructions as to when she is to report to the nursing office for her beginning orientation.

In order to promote stability of the program we employ new nurses only on Mondays. One of the nursing arts instructors keeps Monday morning free for the beginning orientation. The new nurse is met by the associate director in charge of nursing service

at 8 a.m. She is introduced to all members of the nursing office staff and an appointment is made for her initial physical examination in the health service.

The first hour is spent in an informational tour of the hospital buildings and representative ward units of each building and some departments, such as physical medicine, radiotherapy, the laboratories and administrative offices. During this tour a brief history of the hospital and school of nursing, including general organization, means of support, aims and research activities, are given. Their comments and questions evidence the interest of the nurses in this type of information.

NURSES LIKE THE TOUR

Most nurses have heard of some phase of the activities or of some people who have been or are connected with the hospital and are eager to learn more about the total activities, as well as to gather more information about their special interest. With rare exceptions the nurses have demonstrated enthusiasm and appreciation for this informational tour. We feel it does much to promote good rapport and to establish a feeling of status within the organization. Often during the tour opportunities for introductions to members of the medical staff or heads of departments occur and help greatly to establish a feeling of friendliness and welcome for the new

From the hospital the nurses are taken to the residence and shown the library, lounges, kitchenettes, swimming pool, and told of the social activities. An invitation is extended to them to participate in social activities. Bulletin boards for both social activities and administrative announcements are pointed out.

The associate director in charge of nursing service leads this tour. She

then takes the group to the nursing arts laboratory and introduces each nurse to the nursing arts instructor in charge of orientation and any other instructors who may be in their offices. Before she leaves the group the associate director invites the nurses to bring to her at any time any questions or problems that may develop.

Every effort is made to avoid a "classroom" atmosphere in the meeting with the nursing arts instructor. Chairs for the group, including the instructor, are placed in a semicircle so that a "conference" rather than a "teacher-student" atmosphere is established. Sample charts, physicians order sheets, laboratory, diet, relief and all other printed slips used on the wards are given to each nurse in blank form

An informal discussion not only permitting but inviting comments and questions is then begun by the instructor. The assumption that the graduate nurse is familiar with the principles underlying the use of these forms and that she needs only an explanation of the deviations from similar forms with which she is familiar is stated by the instructor. The content of the discussion is then determined by the expressed needs of the particular nurses present. We have found that these needs are freely expressed and we believe that we help the new nurse much more by answering these needs as expressed than by boring her with many details with which she may already be familiar. By this method we convey to the new nurse our feeling of respect for her background and intelligence. We avoid the resentment toward "being treated as a student," which is so often aroused in graduate nurses when they are subjected to a series of classes and demonstrations of nursing procedures, which probably vary little from those with which they are familiar.

We have found that by the free discussion method we accomplish the same ends as those aimed at in demonstrating procedures by formalized classroom teaching. We have noted the continuously recurring questions asked by the nurses and find that the pattern remains much the same. Almost invariably every nurse asks for a detailed explanation of our method of implementing the physician's order for the patient. We take advantage of this opportunity to demonstrate in detail each step in our



Courtesy, Presbyterian Hospital, Newark, N. J. Photograph by William Kittase

Orientation acquaints the nurse with the hospital's procedures.

medication procedure from the writing of a physician's order to the charting of the drug given.

Questions are frequent and lead to discussion not only of medication problems, but also of other nursing activities and routines in the hospital. By their questions the nurses furnish an opportunity for the instructor to bring out variations in methods, in timing and in organization of work peculiar to our hospital. They ask about the routine of the hospital day, how they can organize their work so that "first things" will be "first" and they will be able to serve their patients best. This affords an opportunity for the instructor to explain about our use of the in-serviced trained nurses' assistants as a part of the nursing team plan for the care of our patients. A copy of the procedures which the nurses' assistants are taught to perform helps the new nurse to visualize her working relationships with them.

Some of the more frequent questions are about the nurse's responsibility for obtaining operative permits, the safeguarding of patients' valuables, the channels through which accidents are reported, how relatives are notified of change in condition of the patient, and similar pertinent information. We have found the pattern the same, although the sequence differs with practically every group oriented. Because we employ nurses from many schools in many sections of the country we are greatly impressed by the evident interest of all of the nurses in the welfare of the patient.

This initial conference usually lasts from an hour to two hours, the time being determined by the needs of nurses as expressed in their questions. When interest seems to lag or when, as sometimes happens, a feeling of "Let's stop the talking and get to work" is evidenced, the conference is closed. The instructor then takes each nurse to the division to which she has been assigned and introduces her to the head nurse. Before leaving the new nurse, the instructor makes an appointment for a conference on the ward the next day and explains how she can be reached if the nurse needs her assistance before the conference.

The head nurse introduces the newcomer to all personnel on the ward. including other graduate nurses, physicians, student nurses, nurses' assistants and orderlies. She is shown the geographical arrangement of the unit and introduced to the patients. The team relationship between the nurses and nurses' assistants is explained, the assignment sheets and her time for the week are shown. In order to avoid the "lost" feeling engendered by standing around or being given a procedure book to read, the nurse is given a patient assignment with another nurse with whom she works the rest of the day. We avoid overwhelming the new nurse with details. She is encouraged to ask questions at any time, but we also assume that she has cared for ill patients before and that she will best learn our procedures by receiving help as she meets each situa-

One of the things most frequently commented on favorably by new nurses is that when they are taken to the ward they are expected; the head nurse already knows their name and, most particularly, their name appears on the assignment sheet and their hours for the week are already assigned.

The nursing arts instructor who started her orientation visits the new nurse daily for from one to three weeks, depending upon the ease and rapidity with which she learns our methods and adjusts to the situation. Instructions and help with any procedures unfamiliar to the nurse or

involving unfamiliar equipment are given. We find that most nurses freely seek help either from the head nurse or from the instructor or other members of the floor staff.

The atmosphere of friendliness and mutual respect established on the first day seems to promote the ease and speed with which the nurse adjusts. This is advantageous to the hospital and the patient and encourages the nurse to continue to do her best work. When we feel she needs correction or supervision the rapport established makes the constructive criticism much more acceptable and, we believe, much more effective.

Our staff nurses are employed on a rotation shift basis. No nurse is assigned to evening or night duty until she is thoroughly familiar with her unit, having had at least a month on day duty. Before the new nurse assumes evening or night assignment the instructor again arranges a conference. The nurse is given a copy of our "Duties for the Evening Nurse" or night nurse as the assignment indicates. These instructions include information as to sleep medications, hour of sleep, methods of receiving and giving reports to co-workers and channels of transmitting information to the physicians and night supervisors. Following the request of the nurses, a "suggested work plan" set upon a time basis is included in the instructions for evening and night

When we revised our orientation program we kept at a minimum written instructions in an effort to-provide for flexibility. This we believe has proved one of our greatest aids in avoiding boredom and the feeling of being treated as students so often engendered in graduate nurses during orientation periods.

After the first six-month period we made up a questionnaire, which we distributed to 20 graduate nurses who had been oriented under our new plan. We asked that they be returned without the signature of the nurse if she so wished. Without exception the nurses signed their names and all questionnaires were returned. The replies indicated that the nurses liked the orientation. They particularly liked the demonstrations to be given in the ward situation as occasion demands. Only one nurse said she thought procedures should be demonstrated in the classroom. We learned that most nurses encountered greatest difficulties in the same areas, the greatest difficulty seeming to be felt in learning to use unfamiliar mechanical equipment, such as suction machines and oxygen apparatus. We have tried to keep these areas in mind and be sure that the new nurse receives adequate help when she needs it in the ward situation.

HAS MANY VALUES

We believe that our orientation program has produced some intangible and some very evident values. There seems to be a better spirit of cooperation and ease among all of the workers on units and between units. This is demonstrated by the willingness of co-workers to help each other and of nurses to be lent when needed from one unit to another.

The graduate staff nurse gains security and self-assurance in her new position quite rapidly in most cases. She seeks help when it is needed without fear of endangering her status. We respect her background and intelligence and admit by the manner in which we present our program that her needs are to learn how our ways differ from those to which she is accustomed, rather than to be retaught basic principles and procedures. By putting her at ease in her new situation and making her feel her importance to our hospital, as well as arousing her pride in being a member of our staff, we believe we promote our main objective, that of having all of our employes give their best possible service to our patients.

CHLOROPHYLL AS A DEODORANT

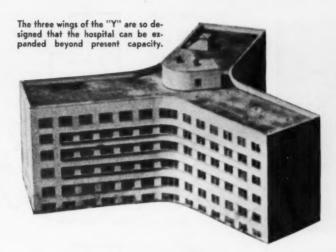
FECAL-LIKE odors arising from the colostomy of a patient are frequently distressing to the patient, his neighbors, and hospital personnel. A colostomy operation which makes a new opening into the large bowel through the abdominal wall is also psychologically traumatizing to the patient. The odor emanating from the colostomy is accordingly not an infrequent problem in the hospital, both to the patient and everyone surrounding him. Dr. Benjamin Payson, in the August 1951 issue of the Review of Gastroenterology, reports on the "Deodorization of Colostomies With Chlorophyll."1 He used prepared tablets of watersoluble chlorophyll2 in several cases.

With doses of from four to eight tablets a day by mouth to patients with colostomies, the objectionable odors were markedly reduced within 48 hours

The report of this use of chlorophyll suggests the possibility of using chlorophyll for the elimination of bedpan odors in nonsurgical patients. Certainly the comfort and appreciation of the colostomy case is important to both the patient and to hospital personnel.—ROBERT BROWN, M.D.

¹Weingarten, Michael, and Payson, Benjamin: Deodorization of Colostomies With Chlorophyll. Rev. Gastroenterol. August

²Chloresium Tablets. Mod. Hosp. 77: 238 (August) 1951.



THE MODERN HOSPITAL
OF THE MONTH

RAYMOND W. GARBE

Schmidt, Garden and Erikson Architects-Engineers Chicago

The WHY of the "Y"_it provides sunlight for

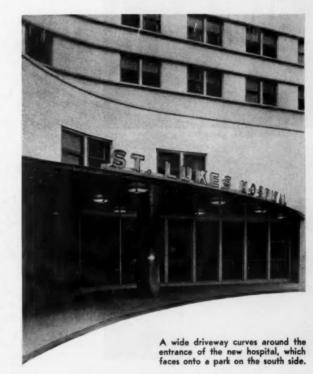
every patient room and reduces nurses' travel time

ST. LUKE'S Hospital, Saginaw, Mich., dates back to 1890 when it was organized as "Woman's Hospital." The Lutheran group of Saginaw and surrounding communities, such as Frankenmuth, took over the operation of this hospital in 1937 and changed its character to a general hospital.

The original hospital building was located in a heavily populated section of Saginaw on James Street. The available land here for expansion was restricted. The building was partly non-fireproof. The capacity, with crowded conditions, was 66 beds. The facilities were not suitable for modern medical care. The need for additional bed capacity and medical facilities was urgent.

Faced with the problem of expansion, the hospital board decided to abandon the old building and site and to construct a new hospital building close to other hospitals in Saginaw and adjacent to the public health center. The former Eddy estate, a beautiful plot opposite a park, was purchased. The residence, which was on one corner of the property, was sold to the county and is now used as a public health center. The new site provided sufficient area for the new building and provided the additional

(Continued on Page 77)





ENTRANCE LOBBY



CHILDREN'S WARD



COFFEE AND GIFT SHOP



SECOND FLOOR PLAN

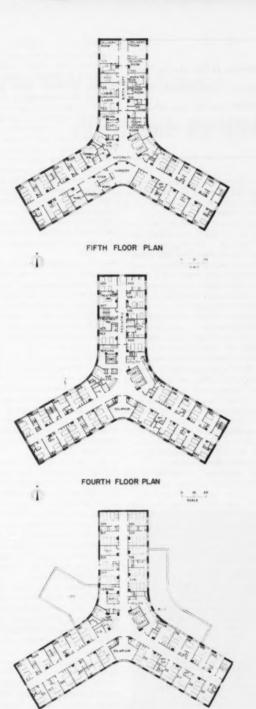


FIRST FLOOR PLAN



BASEMENT FLOOR PLAN





THIRD FLOOR PLAN

advantage of close integration of the new hospital with other hospital and medical facilities of the community to form a link in the medical center.

The Lutheran group was convinced that its greatest contribution to overall medical care in the Saginaw area could be made by retaining its identity rather than by abandoning its separate hospital activities completely and adding its support and resources to other existing hospitals. This decision to retain its identity and construct a new hospital was opposed by influential interests in the community. The board, however, quietly proceeded to organize and plan for the new building. The raising of sufficient funds for a large hospital building is difficult under the most advantageous circumstances. With opposition, as in this case, the task seemed almost impossible. But the trustees persisted in their determination and under the leadership of Erwin Geyer, chairman of the board, a campaign was conducted which should prove an inspiration to every hospital board. Their efforts finally made the building possible. The Michigan Public Health Department, through Hill-Burton funds, participated to the extent of one-third of the cost of the project. Without this aid, the construction of the 140 bed hospital could not have been possible.

The population of the Saginaw area is 149,000. The state public health plan designates Saginaw as the regional center for a coordinated hospital system for five adjoining rural areas. Previous to the construction of the new St. Luke's, the public health survey indicated that there were 329 acceptable beds and 111 non-acceptable beds available in the Saginaw area. The hospital plan for Michigan indicated 773 beds needed in the Saginaw area. Thus there was a shortage of 333 beds. In order to relieve the shortage it was required that the hospital be designed for 130 to 140 beds with possible near-future expansion to 300 beds. With the new hospital in operation, there is still a shortage of 259 beds in this area.

The new St. Luke's Hospital provides 91 general medical and surgical beds, 19 pediatric, 30 maternity beds and 40 bassinets, a total of 140 patient beds and 40 bassinets.

The construction consists of spread footings, reinforced concrete columns, beams and floors. Exterior walls have light gray brick facing, limestone trim, The hospital presented here has been selected as The Modern Hospital of the Month by a committee of editors. Award certificates have been presented to the hospital, the architects and the state officials.

A similar award will be made by The Modern Hospital each month.

8 inch back-up tile, and 2 inch tile furring. Roofs are built-up tar and gravel.

Terrazzo or conductive floors and glazed block walls have been used in all service rooms, kitchens, locker rooms, physical medicine, central sterile supply, operating department and birth department. Patient rooms have plaster walls and ceilings, asphalt tile floors with rubber tile base. Corridors have plaster walls and acoustical tile ceilings, rubber tile floors with rubber tile base. Acoustical tile ceilings are used in all service rooms and other areas where noise might originate.

The color scheme is keyed to bright, fresh colors.

The building, located in a former private estate across from a park, is surrounded by luxuriant landscaping and towering shade trees.

The problem presented in the design of the building was a 140 bed general hospital with provision for expansion in the near future to 300 beds and in the distant future to more than 300 beds. The main services were to be designed for the 300 bed hospital. The nursing units were to be of approximately 50 beds each. The hospital faces the park on the south and all patient rooms were to have orientation for sunlight during a part of the day.

The plan employs a "Y" form which solved two major requirements: It permits 50 bed nursing units with minimum nurse travel to each patient room (maximum nurse travel from nurses' station to farthest patient room is 92 feet); and each room receives sunlight during a part of the day.

The third major requirement of near-future expansion to twice the bed capacity was solved by a centralized hospital plan with foundations, columns and mechanical system designed for three additional floors for primary expansion vertically. The three wings of the "Y" form were designed with

open termination so that expansion horizontally beyond the 300 bed capacity could be made in the more distant future.

The remote possibility was also noted by the board of construction in the future of a building for doctors' offices on the site. This was planned to be located at the north edge of the site along Cooper Street with connection to the hospital at the second floor level where x-ray and laboratory departments are located.

The patient floors are designed with individual utilities in connection with every patient room. These individual utilities are provided with a work counter of stainless metal, and lavatory with wrist-blade handle faucets; cabinets for storage of bedpans and urinal basins; specimen cabinet; cabinets for bath basins; mirror and shelf; heavy duty electric outlet and shaving outlet; water closet with foot pedal bedpan flusher, and metal paper towel cabinet.

All multiple patient rooms are provided with cubicle curtains.

The maternity department of 30 patient beds is planned as the final size for the 300 bed hospital.

The plan incorporates the maximum use of central sterile supply. Provision has been made in operating and birth departments for instrument sterilization. All packs are to be made up in central sterile supply and all

sterilization for patient floors, including bedpans, is to be done in this department. The central sterile supply has been located adjacent to the operating department which greatly facilitates the supplying of sterile materials to this unit. A service elevator is located adjacent to central sterile supply and a dumb-waiter connects this department to all nurses' stations.

The operating department has four major operating rooms and a cystoscopy room. Three operating rooms have been provided with anesthesis preparation rooms to facilitate procedures and increase the utilization of these rooms. The number of surgical procedures possible in these rooms can be nearly doubled by means of this feature. A five-bed recovery room is provided.

A large laboratory is provided, also adjacent to the operating department, with basal metabolism and blood-taking rooms, and the basal room is shielded to serve as an electroencephalographic room also. A small clinical conference room is provided close to the laboratory to accommodate 40 persons. A larger staff room seating 200 persons is located in the basement with direct outside entrance. This latter room will also serve as headquarters for the women's auxiliary.

The x-ray department, also adjacent to the operating department, has deep and superficial therapy rooms, and two combination radiographic-fluoroscopic rooms and ample dressing and toilet facilities.

On the first floor is located a small ambulatory patient examination and treatment section in conjunction with the emergency room. Adjacent to this is the pharmacy.

The main entrance features a large wood paneled waiting room with gift and coffee shop opening off of it. In connection with the admitting office is an x-ray setup for routine chest x-ray examination of all patients admitted to the hospital.

The hospital features a telephone in every patient room, audio-visual nurse call, three-channel radio and broadcasting system with outlets at every bed and in all dining rooms and other assembly rooms, and a silent flashing paging system. Provision has been made for a central fire alarm system.

For areas requiring continual use, high intensity fluorescent lights have been provided. In other areas, incandescent lights have been used.

COST DATA

VOLUME, 1,038,000 cubic feet CUBIC FEET PER BED, 7442 TOTAL SQUARE FEET, 89,500 SQUARE FEET PER BED, 639 TOTAL SQUARE FEET, 89,500

TOTAL COST, including cases and cabinets, laundry equipment, operating lights and sterilizers, all architectural and engineering fees and site investigation, but excluding furnishings, \$1,884,323

COST PER CUBIC FOOT, \$1.815
COST PER SQUARE FOOT, \$21.05
COST PER BED, \$13,459

TOTAL COST OF FURNISHINGS, \$225,254 COST PER BED FOR FURNISHINGS, \$1609

They Made Hospital History

WILHELM KONRAD ROENTGEN

OTHO F. BALL, MD.

President, The Modern Hospital Publishing Company, Inc.

NATURE often allows amazing miracles to be produced which originate from the most ordinary observations, and which are, however, recognized by those who are equipped with sagacity and research acumen and who consult experience, the teacher of everything."

In an address at Würzburg in 1894, a year before his discovery of the "new ray," Roentgen prophetically quoted these words of a professor of physics in that school centuries earlier. Even at that time, before his amazing discovery, Roentgen had become noted for his scientific experimentation in the field of physics. Without the discovery of the x-ray, he would still be known as a great scientist.

RESULT OF SAGACITY

To say thas his discovery was accidental, as some disparagingly have stated, is like saying that the sun coming out from behind the clouds is accidental. Numerous workers before him had neared the truth but, lacking his sagacity and research acumen, failed to interpret the phenomenon they observed.

Roentgen stressed that only by experimentation can the truths of Nature be learned. Having discovered the truth, the scientist takes no credit to himself, his work serving only as a stepping-stone to greater results to be obtained by those who follow him.

Roentgen held as of little importance all the honors heaped upon him. He was happy only in having made a great discovery. He let others work out its application in medicine and industry. Refusing the great monetary gains which might have been his, he held to his laboratory and his classroom.

Like so many gifted men, Roentgen gave little promise of genius in his early student life. He escaped from the grind of the schoolroom to the outdoors and to admiration of Nature which he loved. All his life, until the long illness of his wife confined him to his home to care for her, followed by his own gradually failing health, he roamed the woods and hills, an expert marksman and excelling in mountain-climbing.

He was a simple, modest man, without conceit and vaingloriousness, yet extremely sensitive to undeserved criticism and angered at unjust accusations. He was deeply humiliated when at 16 he was expelled from the Utrecht school. He had laughed at a caricature of his teacher drawn on the firescreen and had refused to reveal the name of the artist. His expulsion meant he could not matriculate at the university. Had he been able to go on as planned, his genius might have been directed into another field.

Wilhelm Konrad Roentgen, born in 1845 in the Rhineland, was the son of first cousins who came from a

long line of well known merchants. His father, however, was a farmer, pious and thrifty, who planned that his son should become a scientific farmer and, as they were then living in Holland, sent the boy to the agricultural school at Appeldoorn.

After his expulsion from school

After his expulsion from school Roentgen was advised to take private examinations to enter the university, but unfortunately the examiner, his friend, fell ill and was replaced by a member of the faculty from the school he had attended, and again Roentgen failed. He keenly felt this second disgrace. He then entered the Utrecht Technical School which would prepare him for a technical high school, but not the university.

ENTERED POLYTECHNICAL SCHOOL

However, he entered the university as a special student but before the year was out he passed the examination to enter the polytechnical school at Utrecht and became a student in mechanical engineering. There the celebrated physicist, August Kundt, fortunately became interested in him and upon Roentgen's attaining his Ph.D. degree in 1869, made the young man his assistant.

At Zurich he met his future wife, a woman of charm and understanding, six years his senior and in delicate health most of her life, but the perfect companion in the 50 years they spent together. Admired and sought after, Roentgen preferred a simple home life and a few selected friends. These friends were his comfort during the last years of his life after he had lost his wife.

When Kundt was appointed to Strasbourg, Roentgen went with him.



WILHELM KONRAD ROENTGEN

In the years that followed, he refused many fine appointments, for the excellence and originality of his scientific work soon became recognized. When he accepted the post of professor of physics and director of the Physical Institute of the University of Würzburg in 1888 (where a few years before he had been rejected as an entering student), he was 43 years old, tall, slim, with kind piercing eyes (he was color blind and one eye was entirely blind), a man of great integrity, devoted to his work and to his friends. He was indefatigable in his work and exact. Although he was never sarcastic or insulting, he was severe with the dabbler in science and generous with encouragement to a student who tried but failed to obtain success. His lectures were carefully prepared, brilliant and often tedious to poor students. His scientific papers, of which there were more than 50, were erudite, original and exhaustive, but clearly presented.

DISCOVERY OF X-RAYS

Interested in the study of the cathode rays reported by Hertz and Lenard, Roentgen (then aged 50) late in the evening of Nov. 8, 1895, was working with a Crookes tube covered by a shield of black cardboard. He noted that while passing a current through the tube a peculiar black line appeared on a piece of barium platino-cyanide paper lying on the bench. He knew no light could come from the tube because of its shield which was impervious to any known light. Yet it must be that the effects were coming from the tube, he reasoned. He began to make some tests and within a few minutes proved that rays from the tube were producing a luminescent effect on the paper. He recognized it for a new kind of invisible light whose luminosity was unimpaired when he interposed paper, wood and cloth between the tube and the fluorescent paper. He found next that the density of the shadows depended upon the density of the materials interposed. He then interposed a wooden box of weights and saw the shadows of the weights within; finally he placed his hand between and saw its bones. On December 28, after secluded research, he announced his discovery and on Jan. 6, 1896, before a meeting of the physio-medical society at Würzburg, he announced "a new ray" to the world. At the end of his address, Prof. von Kolliker,

noted anatomist, was invited to place his hand behind the screen. It was a dramatic moment and von Kolliker in his enthusiasm immediately named the new discovery the "Roentgen ray." Roentgen continued to speak of it as the "x-ray" because of its unknown qualities.

Overnight Roentgen was famous, for the possibilities of this new discovery were recognized at once and everywhere physicians and physicists began to experiment with the Roentgen ray. Within a few weeks x-ray pictures of hands appeared in lay and medical publications. Honors began to pour upon Roentgen's unwilling head. During that year, 1896, he was made a member of many learned societies. The kaiser decorated him, the University of Würzburg bestowed upon him an honorary degree of doctor of medicine, the prince regent of Bavaria tried to enoble him but Roentgen refused the honorable "von" before his name. In 1901 he received the Nobel Prize, the first physicist so honored.

Scientists throughout the world recognized the possibilities of the new ray. Many uses were found for it, i.e. location of needles in the body, location of fractures, study of deformities or abnormalities in the body, treatment of skin diseases and also industrial uses, such as detecting defects in materials and frauds in documents, iewels and paintings.

He took his fame quietly without elation but with a deep glow within because his discovery promised much for the betterment of mankind. He observed with interest the rapid development of fluoroscopy, stereoscopy, photofluoroscopy as well as radiology, but quietly he continued with his research and his teaching. When he lightly mentioned x-rays in his lectures, his students gave him an ovation.

But with fame came the usual enmity among the envious, the resentful and those who did not understand. Other claims were made for priority of discovery; even his assistant was credited with the discovery, although he was absent at the time and, besides, lacked ability to interpret the phenomenon if he had been present. The sensitive physicist was made unhappy. The jibes in the newspapers and journals were not easy to take. Cartoons appeared in Punch and other magazines. Fake demonstrators with mirrors and other devices pretended to exhibit x-rays. The man who had made x-ray diagnosis and therapy possible worked quietly in his laboratory. His contribution to medicine and surgery can never be estimated, for he completely revolutionized their practice and radiological equipment became as important in the hospital as the operating room itself as roentgenology became an established practice.

EFFECT ON HOSPITALS

The effects of these developments on hospital design have been note-worthy. For example, even in a 50 bed hospital today, 1.8 per cent of the square foot area is devoted to radiology, and the expenditure for radiological equipment represents 8 per cent of the total cost of hospital equipment. In a 200 bed hospital which does both radiology and x-ray therapy, 3 per cent of the total area is required and the cost of the equipment for both services amounts to 8.9 per cent of the equipment dollar.

The last days of Roentgen were very sad. He resigned from the chair of physics in the University of Würzburg in 1920 to care for his dving wife, but he retained two small laboratories where he worked until within a few days of his death. Saddened by the loss of his wife, bitterly hurt over the defeat of his beloved country and its disruption, he found little happiness in his last days. On the twenty-fifth anniversary of the discovery of the Roentgen ray and the anniversary of his seventy-fifth birthday, Roentgen was given world recognition. He died in 1923 of a possible intestinal cancer. His belongings, together with the Nobel Prize money, he lovingly left to the university. Deflation of the currency after the war, however, reduced the money to almost nothing.

Roentgen's joy in life was in his achievements. He expressed his ideals when he quoted von Siemens: "The intellectual life gives us at times perhaps the purest and highest joy of which the human being is capable. If some phenomenon which has been shrouded in obscurity suddenly emerges into the light of knowledge, if the key to a long-sought mechanical combination has been found, if the missing link of a chain of thought is fortuitously supplied, this then gives to the discoverer the exultant feeling that comes with a victory of the mind, which alone can compensate him for all the struggle and effort, and which lifts him to a higher plane of exist-

Color Is Good Medicine for mental patients

THEO K. MILLER, M.D.

Superintendent and Medical Director Napa State Hospital, Imola, Calif.

FOLLOWING the evacuation of 1800 patients from the old Napa State Hospital building at Imola, Calif., and their establishment in the new, specially designed modern ward units, we have had the opportunity to observe reactions of both patients and personnel during several months of adjustment in their new surroundings.

The rambling old four-story brick structure built in 1874 and condemned as a fire hazard since the late Thirties is now in the process of demolition. A modern 700 bed treatment center will be erected on this site.

The general atmosphere achieved in the new \$5,000,000 unit group is striking in contrast to that considered suitable in the old asylum days of 75 years ago. The dull, drab interiors and stereotyped furnishings have been discarded in favor of pale green, blue, pink and orchid wall tints with a variance of color in each dormitory, single room, and day room. Bed frames are enameled in old rose and moss green with matching spreads of gay flowered material. A bedside cabinet similar in color, for storage of personal belongings, stands between each pair of beds. Regulation adjustable hospital beds, with foam rubber mattresses and removable ticking now provide comfort and assure cleanliness for bed patients. Ambulatory patients have new double inner-spring mattresses on beds throughout the units.

Among the first group transferred to the new units were the elderly and infirm patients who make up 14 per cent of the entire Napa State Hospital patient population. Two of the four new units were specifically designed for their care and treatment, with anticipated bed-care facilities for half of this group.

At the time of a recent visit to this section, four out of 50 patients on one ward, and 16 out of 50 on another, had either left their beds voluntarily, were up, dressed and walking about, or, encouraged by the ward personnel, had been helped into wheel chairs and were wheeling themselves around in the attractive day room. On other wards, these patients had been bed-ridden, untidy and displayed little or no interest in their surroundings.

A maximum of beauty and comfort has been achieved through selection and arrangement of colorful furniture for each ward day room. While the entire ensemble presents a luxurious appearance, it was no more costly to furnish than the traditional straightback wooden chairs and benches commonly used in institutions of this type. Chairs and settees are in chrome or

wood finish, with plastic cushions, and are modernistic in color and design. Attractive floor and table lamps add to the soft lighting from frosted, spherical globes suspended in rows from the ceiling.

The old iron barred or grilled window protectors have been replaced by casement windows throughout the units. Each day room has a low upright blonde-oak piano and a radio. In addition, 20 portable, table model television sets are on order which will suffice to supply all wards with television programs, at least part of the time. Adding the finishing touch to the general decor of each day room is a full sized mural measuring 15 by 7 feet, which covers the inside wall. These realistic photographic reproductions of outdoor scenes are finished in black and white, or sepia.

MURALS STIMULATE INTEREST

Included in the selection are pictures of Mount Lassen and Reflection Lake; Jackson Lake and the Teton Mountains, and an ocean scene along the Monterey Peninsula. They are applied like wall paper, coated with lacquer, and are relatively inexpensive.

On two of our smaller wards we have some of the small murals in color. They are outstanding and produce many favorable comments. These are inexpensive and we hope to use them to a greater extent in some of the

Somehow the patients seem to place their chairs within easy visual range of the attractive reproductions of outdoor scenes.





smaller wards and in some of the rooms. The lighting effect back of them gives them a much more realistic appearance and would be a very attractive addition to any hospital decorative scheme.

During the open house held prior to occupancy by patients, when more than 3000 Bay Area visitors were conducted through the premises, the murals shared the spotlight with the general set-up, modern equipment, and atmosphere. The pictures often stir memories in some patients, while others try to identify the location of the scene. One elderly gentleman who had been showing definite signs of improvement startled his relatives by saying, "You know! I had a wonderful time out fishing yesterday and I caught a fine 10 pounder fishing off the rocks." The reply-"Where did you catch your fish?" was made in a worried tone. Pointing to the mural of the rocky Monterey Coast the patient said, "I caught that fish right off those rocks and it sure was a beauty."

While some patients make no comments, they seem to select their seating places in the day room within easy visual range of these natural scenes.

PANTRY IN EACH UNIT

A large serving pantry finished in oriental quarry tile, with acoustical tile ceiling, serves as the food receiving and distribution center for each unit. Each is equipped with a large coffee and tea maker, electric toaster, dishwashing and drying machine, refrigeration for milk and other perishables, a cork insulated cold room for garbage, and steam tables to keep food hot while serving. Delivery is made by truck from the main food preparation and cooking center and served on brightly colored plastic dishes. Kitchen utensils are made of stainless metal. Hot food conveyors, electrically heated and mechanically operated, transport the food to the individual ward kitchens for patients requiring tray service.

Each pantry supplies two cafeteria dining rooms for ambulatory patients. Dining rooms are furnished with small colorful tables and chairs, serving four at a table, each room with a seating capacity of 100 persons. Reaction to the cafeteria type of service is noteworthy.

Owing to lack of facilities in the old building, trays were served in ward corridors to those who could not be accommodated in the smaller dining rooms. Many patients took little interest in food, and some had little regard for table etiquet. Following a few hectic days, all were trained in the art of cafeteria technic and meal time became a function. Patients are now permitted the use of table knives and forks, as well as spoons. The food is hot, neatly served, and partaken without mishap or loss of table silver.

There has also been an improvement in eating habits among the few remaining bed patients, with no fuss and commotion during meal times. Wheel-chair patients enjoy eating in the recreation yard on bright, sunny days. They say it is just like going on a picnic. The others enjoy the jaunt away from the ward, down the enclosed ramp leading to the dining rooms, and eating at tables, "like going to a classy restaurant or tea room."

Contrary to predictions, table and floor lamps in the day rooms and bright plate glass mirrors in the washrooms still remain intact. There is no soilage on furniture or tinted walls. We quote the ward physician whose group of elderly and infirm male patients was the first to be moved to the new quarters. He said, "Being placed in this rather elaborate environment, these patients seem to have absorbed esprit de corps and have begun to adjust to their better surroundings. They have become more sociable, get along better, seem more interested in each other, and what is going on around them. Some play cards or listen to the news on the radio. They enjoy their daily sojourns in the recreation

"We have even had some cases of sunburn," the ward physician continued. "These were acquired when the boys deliberately wheeled themselves away from the shaded spots and indulged in a little sun bathing. The move has stimulated their interest in life and these surroundings have proved soothing, especially to those who are 60, or over," he concluded.

While each ward accommodates a larger number of patients than those in the old building, better results are being obtained with the new and adequate equipment. Members of the ward personnel are pleased with the modern treatment rooms with examining tables, electric sterilizers, instrument cabinets, and the ample space provided for supplies. Automatic bedpan washing and sterilizing equipment and warming cupboards for these uten-

sils have been provided. The patients' clothes rooms have garment hangers with movable rods, which keep their wearing apparel neat, free from dust, and moths. A carrier-on-wheels is used to transport linen from supply room to bedside.

In the center of each ward is a shatterproof glass enclosed observation booth, or nurse's station, which permits a full view of the four dormitories of 25 beds each, and the day room. Switches for both ceiling and wall lights are controlled from this station.

Each unit has an administrative center with supervising office, doctors' and dentists' offices, conference room, central visitors' room, and a private sitting room for personnel, with lockers, showers and other utilities. The units for men have a barber shop and for the women, a powder room equipped with dressing tables, mirrors, wash basins and hair dryers. Each ward has a storeroom for occupational therapy equipment, a separate visitors' room with outdoor garden, and individual laundry facilities for patients who prefer to do their own personal laundry. A patients' lounge has been provided for those working in the serving pantry and cafeteria.

COVERS 26 ACRES

These four-wing, class A, air conditioned ward units are arranged in circle formation, measure a full mile in circumference, with a ground coverage of 26 acres. They nestle at the base of the rolling, wooded hillside which forms the southern boundary of the fertile Napa Valley. Provisions have been made for two soft-ball diamonds in the recreation area in the center. There is also a parking circle for personnel and visitors.

Color therapy and homelike surroundings are being stressed by authorities in the psychiatric field as important factors in the improved treatment of the mentally ill. Since the average individual prefers warmth, color and a cheery environment and shuns a drab, negative atmosphere, similar reactions can be expected from those confined to mental hospitals, especially over a period of time. The bright touch of color and gay furnishings of the new units were no more costly than the old, traditional institutional decor. The difference is only a matter of planning which takes extra time, thought and intelligence in selection and design. The results obtained have more than paid off in benefits.

How to Get Building and Operating Materials

EVERETT W. JONES

Vice President The Modern Hospital Publishing Company

MANY hospital administrators, architects and contractors are worrying about problems of hospital construction and the purchase of all kinds of building, business and office equipment, and professional equipment. How to go about applying for permission to build, obtaining allocations of both controlled (steel, copper and aluminum) and noncontrolled building materials, and enlisting priority assistance to get equipment of all kinds are important problems today. While complete instructional manuals will soon be available and necessary application forms are now available in all Public Health Service regional offices, state agencies administering Public Law 725 (Hill-Burton Hospital Survey and Construction Act), and Department of Commerce (N.P.A.) field offices, we believe the following condensed facts will be of interest and

What to do to get maintenance, repair and operating supplies and minor capital additions.

C.M.P. Regulation 5 provides for self assignment of DO ratings for controlled materials and products, and materials other than controlled materials when necessary for maintenance, repair and operating supplies, and minor capital additions. Health facilities, including hospitals, may self-assign the allotment symbol MRO and rating DO-MRO to obtain:

1. MRO supplies based upon a quarterly MRO quota established with reference to an elected base period. An organization planning to apply the MRO symbols to orders for maintenance, repair and operating supplies must first compute its permitted quarterly quota of such materials. The

standard base period for this calculation is the calendar year 1950, and the standard quarterly quota is 30 per cent of MRO materials purchased during 1950, figured in terms of expenditures. An organization which operated on a fiscal year basis prior to March 1, 1951, may elect to take as its base period its last such year ending before that date.

2. Materials for minor capital additions costing not more than \$750 for any one addition, and not exceeding 10 per cent of the quarterly MRO quota or a total of \$750 per quarter, whichever is greater. A minor capital addition is defined in the regulation as an improvement or addition, the total cost of which, excluding labor does not exceed \$750, and is of a kind carried by an organization as capital, according to established accounting practices in effect Dec. 31, 1050.

Provisions for spot or emergency assistance on items not covered by CMP-4C (construction) or DO-MRO.

Any existing hospital or other health facility which after reasonable effort is unable to procure operating supplies or equipment of any kind essential to the provision of health services may make application to the Public Health Service for special priority assistance. Applications should be submitted in letter form in an original and three copies to the appro-

priate regional office of the Public Health Service and should include the following information:

 Name and address of applicant (hospital, clinic).

Name, title, address and telephone number of authorized representative.

Description, quantity and cost of each item for which assistance is required (model, catalog, type number).

 State whether equipment is for replacement of, or in addition to, present equipment.

 If equipment is for replacement, state whether item or items to be replaced are in use at time of application and why replacement is necessary.
 If an addition, give complete facts on why equipment is needed.

Name and address of supplier.
 Name and address of manufac-

 Date and number of purchase order to supplier (furnish copies if available).

Date and number of purchase order to manufacturer (furnish copies if available).

Delivery date promised with priority assistance.

11. Delivery date promised without priority assistance.

12. State clearly and in sufficient detail the urgency for delivery of items prior to promised delivery date without priority assistance.

13. If other applications have been filed for priority assistance to procure the items herein described, indicate the date of applications, with whom filed, and the action taken.

Signature of authorized representative.

How to get permission to start con-

^{*}For a complete explanation of the term "capital additions," see The MOD-ERN HOSPITAL, June 1951, page 156.

struction, to secure allocations of controlled materials for construction, and to get priority assistance for equipment.

1. What to file. If your construction job will require more than two tons of carbon steel (including concrete reinforcing rods) 200 pounds of copper (including electric wire and cable) or any quantity of aluminum, alloy steel, and stainless steel per calendar quarter (this means eight tons of carbon steel and 800 pounds of copper in a calendar year) you must file CMP-4C and supplemental form CMP-4C-1.

2. Who may file. The applicant must be the person who is, or is to be, the owner of the hospital construction project, or his duly authorized representative. An authorized representative may be the administrator, hospital consultant, chairman of the building committee, general contractor (not a subcontractor), architect or engineer, and must have written authorization from the owner so to act. Selection of the authorized representative should be based on his knowledge of the project and his complete familiarity with its total requirements during all phases of planning and scheduling of construction. In most cases, the hospital administrator should be the ideal person.

3. Where to file. File four copies of Form CMP-4C and CMP-4C-1 with the Division of Civilian Health Requirements, Public Health Service, Washington 25, D.C. (Plans are under way to have the state hospital planning agency and the Public Health Service regional offices review and provide recommendations on these applications by Jan. 1, 1952.)

4. Application forms CMP-4C and CMP-4C-1. Obtain the latest copies of CMP Regulation 6 (covering construction), NPA (National Production Authority) Order M4-A (construction) and the official CMP Class B product list. Armed with this material, plus help from your architect and contractor, state hospital survey and construction agency and your Public Health Service regional office, you should be able to handle your project applications.

5. In addition to filling out forms CMP-4C and CMP-4C-1 completely and accurately, you must also fill out postal card form CMP-51, which will be used by the P.H.S. to acknowledge receipt of your application.

6. On CMP-4C applications, the



building architect's and engineer's or contractor's estimates of the total quantities of controlled materials required to complete construction are important. "Takeoffs" from complete project plans and specifications are the best way of preparing accurate requests for controlled materials. All estimated quantities should be in sufficient detail to justify the request for controlled materials. Construction schedules substantiating the breakdown of items into quarterly allotments should be included.

7. Period for which application is made. Applications should be made for controlled materials (steel, copper and aluminum) needed for the entire period of construction on a quarterly basis. Whenever requirements exceed a construction period of four calendar quarters, an additional copy of Form CMP-4C is to be attached to the application as a supplement. Applications for projects currently under construction should show actual date construction started. For new projects, applications should indicate the proposed starting time as accurately as possible

8. When to file. Completed applications (Form CMP-4C) should be submitted to the state agency at least four months before the beginning of the quarter in which you wish to start construction and controlled materials are actually needed. National Production Authority regulations call for a lead time of 45 to 120 days for orders on steel mills. Consequently, it is to your advantage to have your allotment authority in hand as early as possible before the beginning of the quarter. For example, applications for the calendar year 1952 should be submitted to the state agency on or before these

Permit and / or

Allotment		Date of Submittal		
			Dec. 1, 1951	
3d	Quarter	1952	March 1, 1952	
íth	Quarter	1952	June 1, 1952	
lst	Quarter	1953	Sept. 1, 1952	

9. Authorization action. Official notification of action taken on Form

CMP-4C is given to the applicant on National Production Authority Form CMP-13 by the Public Health Service. This notification includes:

Section 1—For new structures, authorization to commence construction. Section 11—For new projects or projects under way, an allotment of

controlled materials by quarters.

Section III—Authorization to use a
DO rating symbol for noncontrolled
materials and essential equipment in
an approved dollar value.

10. Authorized construction schedule—Section I of Form CMP-13. An authorized construction schedule means a "construction schedule specifically approved by a claimant agency or by an industry division of the National Production Authority with respect to a prime contractor, or specifically approved by a prime contractor or a subcontractor with respect to a subcontractor." Applicants who have previously applied for and received authority to commence construction do not need to reapply for such authority.

11. Allotment of controlled materials-Section II of Form CMP-13. Herein is contained the authorized amount of controlled materials which may be received and/or allotted by the prime contractor of the project during the specified quarter or quarters (see CMP Regulations 1 and 6). Allotments for subsequent quarters will be issued later on the basis of the Form CMP-4C originally submitted. Orders requiring mill rollings during the quarter (or quarters) should normally be placed with the mill at least 45 days prior to the end of the appropriate quarter, or sooner if possible. The lead time varies with different controlled materials; hence, for specific information concerning lead time, refer to the appropriate NPA M-Order. If no request was made for controlled materials for subsequent quarters beyond the quarter originally requested, and priority assistance is needed in that period or it is necessary to revise the present request, Form CMP-4C (in quadruplicate) should be resubmitted at the earliest practicable date.

12. DO ratings for noncontrolled materials and equipment—Section III of Form CMP-13. This section provides authority to apply ratings not to exceed the indicated dollar limitations (taken from items 80 to 90 on Form CMP-4C) for noncontrolled materials and equipment. The DO-F-3 rating is assigned for the procurement,

(Continued on Page 134)

A new answer to the problem of controlling

POSTOPERATIVE FEVER

A PARTIAL answer to the problem of fever, convulsions and death following surgery on children, a sequence of complications that has long been dreaded by surgeons and anesthesiologists, has been found at the Children's Memorial Hospital, Chicago. A thermo-electric thermometer and a water mattress have been designed and put to use.

These two unique and comparatively new mechanical devices have been used during surgery on children between the ages of four days and 13 years. The surgery included great vessel surgery, anastomosis of the aorta and the pulmonary arteries, division of a patent ductus, excision of the coarctation of the aorta, mediastinal tumors, removal of a lobe of the lung, abdominal tracheo-esophageal fistula, bone and tendon and other operations.

Members of the medical staff realized that the significance of fever and its control during operations had not been sufficiently studied. In order to obtain continuous temperature recordings, they conferred with scientific designers. The thermo-electric thermometer resulted.

The apparatus consists essentially of a thermocouple, one junction of which is held at a constant temperature in a constant temperature well, the other junction being an integral part of the rectal insert. The thermocouple current is read on the scale of the galvanometer which is calibrated in degrees. The instrument is completely electronic and there are no sparking points.

The next mechanical aid necessary was something to keep down the body heat of the patients during anesthesia. Medical literature indicated that hypothermia (low temperature) may be produced safely in adults. It did not



The water mattress is connected to a standard holding the water tank. Thermo-electric thermometer is at rear center.

show that hypothermia had been deliberately produced in critically ill children.

Until the spring of 1948, the medical staff had been concerned chiefly with the causes and prevention of hyperthermia (high temperature). The advisability of producing hypothermia for the purpose of decreasing the oxygen demand during operation on "blue babies" was discussed.

Previous studies had only advised that operating room temperatures should be between 65° and 70° F., that temperatures above this are exhausting to the patient. The medical staff, recognizing this danger, had always taken the usual precautions of light draping, cancellation of elective surgery on excessively hot days, and use of ice packs following surgery if the temperature was noticeably elevated at the conclusion of surgery.

Not only were the ice bags disturbing during operations, but they were not particularly effective in controlling the fever in some cases. The medical staff went to work to improve this technic. A rubber mattress, measuring 19 by 24 inches, was constructed. Inlet and outlet tubing at opposite corners facilitates the regulation of the mattress temperature by introduction of hot and cold water.

The water mattress is filled and put on the operating table under the sheet. Each child is placed on the mattress before the induction of the anesthesia and surgical preparation. The temperature of the water in the mattress is varied from tap water of 60° to 70° F. For patients under one year of age, ice water is not necessary at any time.

As the study proceeded the thermoelectric thermometer was used in the cases of 215 children, 102 of whom were placed on the water mattress.

Conclusions of this study are that temperatures of infants and children during surgery vary widely and should be carefully watched; that 62 per cent of the children studied developed fever during surgery when not cooled; that subnormal temperatures seem to be beneficial in that the cases cooled showed need of less anesthesia, had slower pulse and respiration, less perspiration and what appeared to be better recovery. The surgeons who do most of the operations have become quite dependent upon the information and control offered by the thermoelectric thermometer. Respirations and heart action are slower and there is not much perspiration and fluid loss. Hyperthermia can easily be recognized and controlled.

Small Hospital Forum

Don't Call It Room and Board

RAY von STEINEN*

Administrator Wyandotte General Hospital Wyandotte, Mich.

It Is not necessary to be a student of the history of hospitals to realize that the practice of charging for hospital care is not new. There are hospitals in existence today which, when they opened their doors, established no charges for services. Not counting the tax supported institutions, there were many hospitals in which only the indigent were cared for. These were established by religious orders and other philanthropic organizations or individuals.

Although these hospitals had no established charges, they were sometimes reimbursed by grateful individuals who had received care. The records show instances where former patients remained and "worked out" their obligations. This sometimes happens even today.

"MEDICINES SOLD AT COST"

The first mention of charges which I have found is in the description of the services rendered at a dispensary operated by the Royal College of Physicians in Edinburgh in the early Eighteenth Century where "Medical advice was given free and medicines were sold to the needy at cost." This quotation is from Dr. MacEachern's "Hospital Organization and Management." In this same book we find the statement, "During this same period other large hospitals admitting both charity and pay patients were founded." The period referred to is about 1739. So there have been paying patients-and consequently charges -for more than 200 years.

Interesting as it is, the history of

hospitals during the Eighteenth and the first half of the Nineteenth centuries sheds little light on their methods of financing. We know, of course, that they were built and maintained almost wholly by gifts.

These hospitals had but one thing to offer—care of the sick. True, surgery was performed; but the great variety of services found in the hospitals of today was unheard of. No laboratory, no x-ray, no physical therapy, and so forth. Consequently, we can assume that there was only one charge for service for paying patients. This was the equivalent to our present day "room and board" charge.

Room and board—the greatest misnomer ever perpetrated! We the administrators of the nation's hospitals have ourselves to thank for all the misunderstandings and the headaches the use of this phrase has caused us. If there ever was a masterpiece of understatement, this is it.

True, there have been valiant efforts

on the part of a few people in the field to change it. In "Hospital Accounting and Statistics," published by the American Hospital Association in 1940, the phrase "day rate service" is used. In Procedure for Hospital Costs" by William A. Dawson, published by the United Hospital Fund of New York in 1937, the term "bed, board and routine service" is used. In "Accounting Statistics and Business Office Procedure," also published by the United Hospital Fund, but in 1946, Charles Roswell used the phrase "room, board, and routine services." In the most recent publication, Section One of the

'Handbook on Accounting, Statistics

and Business Office Procedures for Hospitals," published by the American Hospital Association this year, the designation "routine service" is used. Although we have had these improved designations for the last 10 years for something which has been terribly misnamed, we still find many hospitals using the old term, room and board.

Let us look at this so-called room and board charge. What does it cover? Does it cover drugs? Certainly not special prescriptions or the more expensive items. How about the drugs normally carried in stock in the nursing unit? The 1950 Hospital Rate Survey by the American Hospital Association tells us that about 80 per cent of the smaller hospitals make a charge for such drugs, while the average for all hospitals reporting is 69 per cent. This study reveals that the larger the hospital, the less likely we are to find such a charge. So we can safely say that in about 70 per cent of the hospitals the room and board charge does not cover ordinary medications carried in stock in the nursing units.

MANY MAKE SEPARATE CHARGES

How about laboratory services? This same study reveals that in about 53 per cent of the hospitals surveyed a separate charge is made for each test. In another 40 per cent a standard charge is made for routine tests. In only 2.2 per cent of these hospitals was laboratory service included in an all-inclusive rate. So we must conclude that in practically no hospitals is laboratory service included in the room and board charge.

While we are on the subject of the charges for extras it is interesting to note the number that charge differently for the same services, depending upon the type of accommodation occupied.

^{*} Just before this magazine went to press, word was received of Mr. von Steinen's death.

Condensed from a paper presented at the Tri-State Hospital Assembly, Chicago, 1951.

Sixty-four per cent of the hospitals indicated that they have one rate on special charges to all patients; another 20 per cent have one rate to all except indigent patients; 61/2 per cent have one rate for private and semiprivate and still another rate for wards: 1.2 per cent have one rate for private and a different one for semiprivate and ward; 5 per cent have three rates: one each for private, semiprivate and ward. In other words, 84 per cent of the hospitals have one set of charges for extras for paying patients, regardless of type of accommodations occupied. That is a nationwide average figure. In the East-North-Central area, which includes Michigan, the average is 96.8 per cent.

HOW CHARGES VARY

Now that we have seen that we can, for all practical purposes, disregard the variations in charges for extras caused by the different types of accommodations occupied, let us see how those charges vary.

The accompanying table shows the charges for certain services to full-pay patients occupying single rooms in general hospitals.

These are rates for specific services where the amount of service to be rendered is quite well known.

I don't propose to discuss the merits of these charges. I certainly am in no position to justify a charge of \$80 for the use of the operating room when most hospitals are charging \$15 for the same service. My job, as I see it, is to report the facts concerning the rate structures as we find them in hospitals today. I want to present the problem, with the hope that an analysis of it will lead to a solution.

Let us take a look at the "room and board" charge. Our study reveals that in addition to the variation in amount charged owing to the number of beds in a room, the size of the hospital and geographical location appear to be influencing factors. Take the average charge for a single bed room for example. The average for all hospitals is \$10.45. Broken down by size of hospital we find this:

Under 50 beds	\$ 9.10
50 to 99 beds	9.88
100 to 249 beds	11.15
250 and more	12.41

Geographically this \$10.45 average is subject to still wider variation; from a low of \$8.31 in the East-South-Central states to a high of \$13.33 on the Pacific coast.

	Most Frequent	Low	High
OR for appendectomy	\$15.00	\$ 5.00	\$80.00
OR for tonsillectomy	10.00	4.00	45.00
Delivery room	10.00	5.00	63.50
General anesthetic for appendectomy	15.00	2.00	50.00
General anesthetic for tonsillectomy	10.00	0.50	35.00
Chest x-ray (flat film)	10.00	1.00	25.00
G. I. series (complete)	25.00	5.00	99.00
B.M.R. 1st test	. 5.00	2.00	25.00
E.K.G. 1st test	10.00	1.50	25.00
Diathermy 1st	2.00	0.50	25.00
Care of newborn during mother's stay (day)	2.00	0.50	6.00

Taking the low and high rates by states, we find Wisconsin with a low of \$3.80 per day and a high of \$23 in New York. These figures are for the same type of room accommodation, that is, a private room.

This is a serious problem. Is it any wonder that patients are confused when presented with a hospital statement? Why should a service which cost \$3.80 in one hospital cost \$23 in another?

An intelligent man once said to me, "When I get a lengthy explanation as to why I am being charged a certain figure for something, I immediately get suspicious." This world is full of intelligent people. And when you launch into an involved explanation of charges for hospital services they become suspicious. They wonder what you are trying to hide.

\$19.20 HARD TO JUSTIFY

I can justify the \$10 per day charge in my hospital for a ward bed, and you can probably explain and justify your charge. But can we as hospital people explain the reasons for the variation of \$19.20 per day charged for a day's "room and board"?

How did today's rates come into existence? Let's take a hypothetical case. We have a hospital which shows a deficit of, let us say, \$25,000. The administrator and the board, or the members of his finance committee, sit down and analyze the statement of operation. After due study and discussion it is agreed that costs have gone up from \$18 to \$18.50 per patient day. Income has been practically stationary during the period

because there were no rate increases. In looking over the figures someone discovered that 50,000 patient days of care were rendered during the period.

Fifty thousand patient days; \$25,000 deficit; 50 cents per day deficit; 50 cents times 50,000 patient days equals \$25,000. There's your deficit.

Raise your room and board charges 50 cents per day.

I'll wager that describes how the rates now in existence in most hospitals were established.

WHAT ABOUT OTHER HOSPITALS?

There is another factor which always enters into every discussion which must not be overlooked, although I suspect it carries more weight when charges for extra services are being considered. That is "How much is the other fellow charging?" We know that this method is unsound, unscientific and cannot be justified. It has helped us to keep our heads at least partly above water. Disregarding the unfairness of specific individual charges, we have been able to produce an over-all per patient day income sufficient to approximate the over-all per patient day cost. But we know that we are fast approaching the point where this method will no longer

People are exercising their, as yet, unabridged American right to ask questions. When a wage earner sees a large piece of his savings going to pay a hospital bill he has a right to ask what he is paying for. And it behooves us to have a better answer than "room and board" or "routine services."

About People

Administrators

Dr. J. Clarence Chambers Jr., who for 10 years was deputy medical superintendent of Harlem Hospital, New York City, has been appointed medical superintendent of James Ewing Hospital, at the Memorial Center for Cancer and Allied Diseases, New York City. In his new post Dr. Chambers succeeds Dr. Samuel Steinholtz, who has been transferred to Gouverneur Hospital, New York City, where he is medical superintendent. Dr. Chambers is the first Negro to reach this rank in the history of the hospital department. For the last few months he has been deputy medical superintendent at James Ewing Hospital.

Gordon Wilson Gilbert, administrator of St. Luke's Hospital, Spokane, Wash., since 1938, has accepted the post of administrator of Huntington Memorial Hospital, Pasadena, Calif., succeeding Alden B. Mills, whose appointment as director of the Mountainside Hospital, Montclair, N.J., was announced in the August issue. A former purchasing agent and supervisor of food service at Swedish Hospital, Seattle, Wash., he became administrator of Maynard Hospital in Seattle in 1933. He is a former president of the Washington State Hospital Association.

Dr. Alfred Adler has been named superintendent of the Richland County Tuberculosis Hospital, Mansfield, Ohio, succeeding Dr. Oren A. Beatty, who resigned to become medical director of Hazelwood Sanatorium at Louisville, Ky. Dr. Adler was formerly associated with the medical department of Franklin County Hospital, Columbus, Ohio.

Walter W. Ellis has begun his duties as administrator of the Community Hospital at Elmer, N.J. Before going to Elmer, Mr. Ellis was administrator of the Ephrata Community Hospital, Ephrata, Pa. A member of the American Hospital Association and the Pennsylvania Hospital Association, he is the former vice president of the Delaware Hospital Association.

H. D. Sanders succeeds Paul Goodrum as superintendent of the Butler Memorial Hospital, Butler, Mo. Mr. Goodrum resigned to enter business.

Mary Presley has been named acting

administrator to succeed Gertrude Overstreet, who resigned the post of administrator of Appling General Hospital, Baxley, Ga. Miss Overstreet was named to the post early in 1950 after resigning as head of the Alachua General Hospital, Gainesville, Fla.

P. C. Waldo Jr. is the newly appointed supervisor of Decorah Hospital, Decorah, Iowa. He succeeds Earl G. Dresser whose appointment as administrator of Asbury Methodist Hospital, Minneapolis, was announced in the September issue.

Homer Reed, assistant administrator of the Menorah Hospital in Kansas City, Mo., has resigned his post to become director of administration of the Lovelace Clinics in Albuquerque, N.M.

Charles B. Allen, administrator of Monmouth Memorial Hospital, Long Branch, N.J., for the last four years, has resigned, effective October 1. Prior to this post, Mr. Allen was administrator of St. Luke's Hospital, Newburgh, N.Y., and then administrator of Springfield City Hospital, Springfield, Ohio. A member of the American College of Hospital Administrators, he also previously served as administrative assistant at St. Luke's Hospital, New York City. Ira L. Ernst, who has been assistant administrator at Monmouth since 1948, has been appointed administrator. He also is a member of the A.C.H.A. Donald E. Haight, administrative assistant, has been named assistant admin-

Eugene B. Crawford Jr., assistant administrator of Moore County Hospital, Pinehurst, N.C., and Joseph P. Greer, who has been serving a residency in hospital administration at North Carolina Baptist Hospitals, Inc., Winston-Salem, have been appointed assistant administrators and instructors in hospital administration at the University of North Carolina Hospital, Chapel Hill. Mr. Crawford, who has held the position at the county hospital since 1949, served a two-year internship in hospital administration at North Carolina Baptist Hospitals. Mr. Greer recently received his master's degree in hospital administration from the University of Chi-

James T. Googe has been appointed

administrator of the 75 bed Kahn Memorial Hospital at Marshall, Tex. He served his administrative residency at the Bishop Clarkson Memorial Hospital, Omaha, Neb.

Dr. Lee G. Sewall has been appointed as the new manager of the Veterans Administration Hospital at Downey, Ill. He was formerly associated with the V.A. facility at Roanoke, Va.

H. Louie Wilson has assumed his new duties as administrator of Gadsden County Hospital, Quincy, Fla. He was formerly administrator at the Alachua General Hospital, Gainesville, Fla.

Ray I. Matthews has been named to succeed Mr. Wilson as administrator of the Alachua General Hospital.

Clarence L. Pritchard, formerly administrator of the Yakima Valley Memorial Hospital, Yakima, Wash., has accepted the position as administrator of the new Central Memorial Hospital in Toppenish, Wash. Before going to Yakima, Mr. Pritchard was administrative assistant and purchasing agent at Augustana Hospital, Chicago.

William R. Williams, assistant administrator at the University of Illinois Research and Educational Hospitals, has resigned his post to accept the administratorship of the Good Samaritan Hospital, Sandusky, Ohio.

Laura Johnson, R.N., has been appointed administrator of Community Hospital, Kane, Pa.

Dr. Robert J. Dancey is the newly appointed administrator of Tuberculosis Hospital, District No. 1, Madisonville, Kv.

George Trader is the successor of Travis Wilson as administrator of Memorial Hospital at Corpus Christi, Tex.

C. C. Gibson succeeds W. P. Earngey Jr. as superintendent of the Norfolk General Hospital, Norfolk, Va. Mr. Earngey is now administrator of the Harris Hospital, Fort Worth, Tex.

D. A. Lingle has assumed his new duties as administrator of the new Jones County Hospital at Laurel, Miss. Mr. Lingle was succeeded in his position as administrator of the Lutheran Hospital, Vicksburg, Miss., by Robert Jacobson, a

(Continued on Page 172)

NEW

shock therapy kit

Osmotically Equivalent to 250 cc. of Plasma

RAPID RESPONSE. Each double-ended bottle contains 12.5 gm. of albumin in 50 cc. of buffered solution which is osmotically equivalent to 250 cc. of citrated plasma. This draws approximately 175 cc. of additional fluid into the circulation within 15 minutes, when injected intravenously in a well-hydrated patient.

FAST ADMINISTRATION. The new space-saving Cutter 50 cc. Albumin Shock Therapy Kit features a sterile, ready-to-use administration set ... immediately sets-up on the spot—anywhere, any time. With only one fifth the fluid volume of plasma, administration time can be reduced.

HEAT TREATED AGAINST HEPATITIS VIRUS.

Human Serum Albumin's stability permits pasteurization in the vial for 10 hours at 60° C, as a precaution against homologous serum jaundice virus.

Albumin In Other Conditions

Write for a booklet describing the use of Albumin in bypoproteinemia, renal diseases, cirrhosis. Cutter Laboratories, Berkeley, California.



Stock CUTTER ALBUMIN SHOCK KITS

(Normal Human Serum Albumin-Salt-Poor)

100

We Can't Afford Cut-Rate Accounting — II

COST analysis in hospitals has the same basic objectives as it has in private business, namely, the control and appraisal of departmental activities, and the establishment of prices for individual or composite services. Each will be discussed briefly.

Departmental Control

Effective control of costs requires that some individual must be held responsible for their incurrence. This fact underlies the uniform classification which groups objects of expenditure by department or function. A departmental direct expense report sets forth the "direct" unit costs of service under the administration of various department heads and supervisors. Fluctuations in these unit costs are useful in appraising the effectiveness of internal management.

Most department heads willingly accept responsibility for the salaries and supplies directly under their control, but they rightly object to criticism for expenditures or activities which they do not supervise. A director of nursing has an opportunity to determine the expenses for nursing salaries and supplies, but she cannot influence the costs of the dietary department which may provide meals for her employes. The chief dietitian, in turn, cannot directly affect the expenditures for light and power, laundry or the maintenance of equipment in the kitchen. The supervisor of an operating room controls the anesthetists' salaries and the use of operating room supplies, but is not responsible for the costs of feeding operating room employes or heating the operating C. RUFUS ROREM

Executive Director Hospital Council of Philadelphia

Cost units selected for departmental direct expense analyses should be agreeable to the administrative head of each department. The director of nursing service may select any of several units, such as patient day, nursing hours, or total number of patients. The chief engineer may use floor space or cubic space of the hospital plant, or even such an item as patient days. The important consideration is that each department head accept the cost unit as a proper measure for comparing trends and indicating the general efficiency of his service to the institution.

The "Departmental Direct Expense Report" is a type of "immediate" cost analysis which can be used by even the smallest hospital, and prepared directly from the expense ledger, without allocation of any overhead costs. The units of measurement for departmental direct costs are the bases which might be also used for charging institutional services to the revenue producing departments. We recommend this report as a valuable instrument for managerial control, as well as a possible preliminary to more comprehensive analyses of hospital costs.

Cost Analysis and Rate Setting

Prices of specific classes of professional services (x-ray films, laboratory tests) are seldom based upon the total costs involved in their production, including allocated overhead costs of nonrevenue producing services. More important factors in rate setting are:

(a) the public's attitude toward prices for certain services provided in hospitals;

(b) the effect of a price change upon the utilization of the various

services; (c) the total financial needs of the hospital and its revenue from other sources; (d) the differential costs involved in expanding or contracting the volume of certain professional services.

Composite costs of inclusive service are being used increasingly as the basis of reimbursement by contracting agencies, such as Blue Cross plans, industrial firms, and government units. "Cost per inpatient day" is regaining stature as a measure of value and efficiency in hospitals. But care should be taken to include only the costs which are reimbursable in the contract.

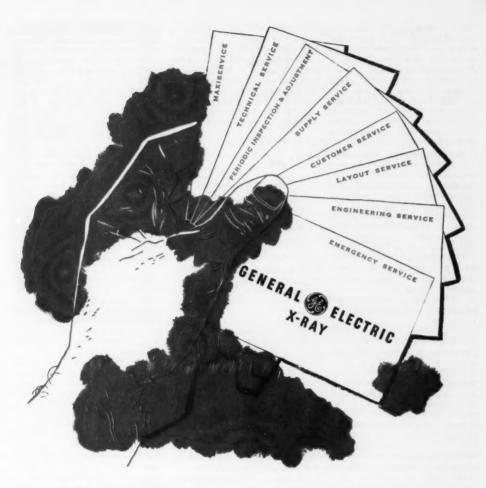
There are many factors that affect the cost per patient day incurred by a hospital during a period of time. Some of them are: wage and price levels; amount and complexity of professional services; locality and design of the hospital plant; percentage of bed occupancy; degree of utilization of special facilities; definitions used for costs, for patients, and for days. All of these factors must be considered when comparing the per diem costs of institurions.

In the calculation of cost per patient day the American Hospital Association recommends the following practices to ensure uniformity: (1) include only costs of services rendered to patients occupying bed facilities, excluding all costs of special services to ambulatory (out) patients; (2) include as patient days only stays of adults and sick children, excluding days applicable to well newborn infants; (3) include only expenses applicable to patients' services, excluding costs of related activities, such as gift shops, management of investment funds, and so on; (4) if depreciation is included as an expense, it should be indicated separately from other operating costs.

Is it useful for hospitals to allocate their total costs in terms of the revenue producing services, such as board and

This is the second section of Mr. Rorem's article on hospital accounting. The first section appeared in the September issue of this magazine.

Condensed from a paper presented at the annual convention of the American Institute of Accountants, Boston, October 1950.



ONE CALL FOR ALL

... when you call your GE x-ray representative or X-ray Department, General Electric Company, Milwaukee 14, Wis.

You can put your confidence in-



room, operating rooms, laboratory? Yes, under some circumstances, but several facts should be recognized clearly when this is done. The various revenue producing services are dependent upon institutional and general activities (housekeeping, dietary, nursing) which represent more than twice the amount of expenses which are charged directly to the professional service departments appearing in the chart of accounts.

The total cost of a revenue producing department, including allocated expenses, may become an important consideration in the drawing of a contract with a radiologist or pathologist who is to receive a percentage of the net earnings for such professional services in the hospital. Likewise, there may be instances where a contracting agency will agree to pay for certain services (x-ray films, laboratory tests, or health examinations) at calculated unit costs, including allocated indirect expenses. Failure of a professional service to yield a net profit would seldom lead to discontinuance of such a department.

The total costs of board and room service (the largest source of earnings from service to patients) would have to be determined entirely by "allocation" of administration, dietary, household and general professional expenses. Such distribution is not difficult from the mathematical standpoint, but administrative judgment will differ as to the ratio of overhead to be absorbed by the various departments. Likewise, there will be much discussion as to whether the interrelations of dietary. housekeeping, laundry and other expenses should be computed before their ultimate apportionment to the revenue producing services. The degree of accuracy required in such detailed cost analyses will be affected by the uses to which the results are to be put, and the acceptability of the calculations to the agencies or groups which are to pay the costs on a contract or retail price basis.

Depreciation

Depreciation of hospital plant and equipment is part of the total expense of hospital service. But records of depreciation seldom are found in hospitals. Very few maintain plant ledgers of buildings and equipment, and some even fail to carry accounting records of the original cost.

The explanation of this practice is to be found in the traditional attitude of hospital trustees and administrators toward hospital capital. Many business enterprises failed to record depreciation as an expense of doing business until taxation of business income made such an inclusion profitable to the enterprise. Depreciation on permanent plant and equipment has been excluded from hospital records and reports on the general theory that the



buildings were provided by contributions, and therefore, did not represent an actual expense of the period during which the plant and equipment were utilized

The lack of depreciation records for short-term equipment has a different origin. The replacement of furniture and scientific equipment has been handled as an item of "expense" and charged directly against operating income, regardless of the intermittent character of these disbursements. The result has been, of course, the showing of variations in departmental expenses, whenever a group of hospital beds was purchased, an operating room table was replaced, or a modern fluoroscope was substituted for one which had become obsolete.

The American Hospital Association recommends a complete accounting for plant and equipment, with depreciation charges on a time or service basis, rather than charges to expense at time of replacement. Such a policy implies a reasonably complete plant ledger with a record of the items to which the allowances for depreciation apply. Differences between the book value and disposal price of replaced equipment would be charged to the plant account, as the case may be.

Some hospitals already include a depreciation allowance on permanent plant as an item of "operating" expense. Some of them include such an allowance as "other expense" in determining the total hospital experience. Other hospitals make no record at all. The recording and reporting of depreciation on plant and equipment, with this

amount appearing as a separate item in the operating statement, permits trustees and public representatives to know immediately whether depreciation on plant and equipment has been included in the calculations. Unless an estimate of the amount of depreciation appears explicitly somewhere in the operating statement, it is impossible to know whether it is hidden within general classifications of operating ex-

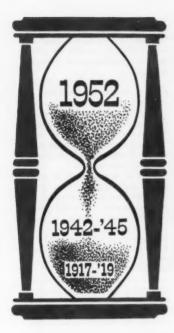
Depreciation is properly included in the costs used for contracts with outside agencies that purchase care on behalf of full-pay patients. It is generally assumed that philanthropic contributions for hospital plant and equipment are made for the benefit of people unable to carry the full share of the costs of the services which they require. The contracting agencies frequently assert that they wish to pay the full costs of service, calculated on a business basis, including allowances for depreciation of plant and equipment. Unless a record of such depreciation is currently maintained in the double-entry accounts, such contracting agencies may rightly object to their being included among the reimbursable costs.

Plant depreciation accounting is an important device to remind the community of the total costs of its hospital care. The service of plant and equipment is no less valuable because it has been paid in advance by philanthropic contributors or by the general public. Ultimately, hospital replacement will be financed to a greater degree from current payments than from irregular campaigns. But we believe that depreciation records are desirable regardless of whether a sinking fund is established for plant construction.

Summary

Hospitalization costs the American people in excess of \$3,000,000,000 annually. It is essentially a public service with more than 95 per cent of the investment having been provided from philanthropy and governmental taxation.

Hospital accounting has improved with the need to provide information for private patients and contracting agencies. Adequate accounting data contain the information which is necessary to improve quality of service in hospitals, to stabilize their income, and to control their costs. Experience indicates that decisions arising from



The Time is Right FOR HÖSPITAL BUILDING FUNDS

CONTRIBUTIONS TO HOSPITAL BUILDING FUNDS seem headed toward an all-time high in the next few years. A bit of history shows why.

In the peaceful years 1914 to 1916, Americans gave to hospitals and other philanthropic causes slightly more than \$655,000,000 annually. In the three stirring war years that followed, 1917 to 1919, annual giving amounted to more than a billion dollars.

It happened again. In World War II the increase over the four preceding years of peace was even greater. Annual gifts from 1942 through 1945 exceeded \$1,500,000,000 — more than twice the average for the period from 1938 through 1941.

For its almost 33 years Will, Folsom and Smith has confined its practice to capital fund-raising for the construction and expansion of voluntary hospitals. Many of America's most distinguished hospitals have been our clients, scores of them two or more times.

Since Pearl Harbor, hospital financing programs under our direction have reached new peaks of public response. In that period we have been retained to direct 138 campaigns for 167 hospitals with a total objective of \$175,825,000. Although 20 projects remain to be completed, subscriptions to date amount to \$150,000,000.

An outstanding example of the new levels being attained is \$3,800,000 contributed by a population of 37,500 for the new Greenwich (Conn.) Hospital. Close to \$20,000,000 was subscribed in a federated campaign to enlarge 10 hospitals and build four new ones in the Detroit area.

A total of \$1,125,000 was given to an \$850,000 fund to expand the Pottstown (Pa.) Hospital, one of two in a city of 23,000. The \$300,000 goal for the Brattleboro (Vt.) Hospital was exceeded by \$71,000. The Sharon (Conn.) Hospital sought \$300,000 and contributions totaled \$370,000.

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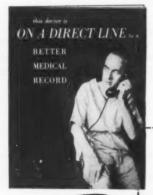
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complete accounting records and reports may influence the total expenses of a hospital by as much as 5 per cent, or \$150,000,000 annually, for government and nongovernment institutions combined

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Hospital earnings should be recorded at uniform prices, even though allowances are later granted to contracting agencies, to free and part-pay patients, or as courtesies to special groups in the population. Hospital care is furnished on a personal, individual basis, but payments are increasingly made through contractual arrangements with third parties.

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Integrating the Blood Bank

with other hospital services

I NTRAVENOUS therapy in the past few years has attained a degree of importance which 15 years ago would have seemed out of proportion to any anticipated need for such measures. As this type of therapy has evolved, it has become increasingly complicated, until today it ranks as a not too minor medical specialty. It reaches into every department of the modern hospital just as profoundly as do any of the older services which for years have been integral units of any large hospital organization.

It is no longer sufficient to relegate typings, cross-matchings and related technics to the clinical laboratory as routine procedures. To draw donors, process them and prepare compatible transfusions easily takes the full time of one technician, even in institutions whose call is for fewer than 10 units of blood per day. With these facts in mind, the following scheme for a blood bank administration has evolved.

RESPONSIBILITY FOR BLOOD BANK

Responsibility for the blood bank has been delegated to one of three service departments at different times in various institutions. Basically the blood bank is a branch of pathology. However, the greatest users and therefore the ones most interested in consistent service are the surgeons. Since on a further analysis it proves to be the anesthesiologist who actually handles blood at the crucial moments, it follows that from a standpoint of integration, the department of anesthesiology instead of either surgery or pa-

thology should be responsible for the blood bank service. Nevertheless, a blood bank is only as useful as its laboratory procedures are accurate and dependable. This matter is inalienably within the realm of pathology.

JOSEPH W. GOTT IV

Blood Bank Supervisor

New York City

Vincent's Hospital

To cover the complexities presented by the immunological basis of whole blood therapy, the supervisor of the service must be someone with an ample background in the field of medical laboratory procedures. He must be. in reality, an immunological hematologist who can discuss the technical aspects of typing. Rh. and cross-matching on a level comparable with that on which the pathologist will approach the subjects of reactions, sensitizations, and the best laboratory procedures to use. This effectively releases both the pathologist, who is busy enough as it is, and the anesthesiologist, whose function does not call for such a mass of technical information, from undue and additional responsibility. The service supervisor should be able to function as a department head in his own right, subordinate to either the anesthesiologist in matters of administration or the pathologist in matters of technology.

INSTITUTIONAL ORGANIZATION

The type of blood bank organization depends on what is expected of the bank by the medical staff. A blood bank should be patterned on one of two main schemes; that is, if blood is to be stored from 10 to 21 days, or if it is to function only when needed for anticipated procedures and treatments. In the latter case fewer than 10 units of blood per day would generally be requested and therefore the blood banking might be carried on by an adequately trained technician in the laboratory. In this case blood would be purchased as needed and the work of donor procurement and processing would be obviated.

DONOR SUPPLY ESSENTIAL

However, in larger institutions, blood must be stored and donors must be handled. A blood bank organization is only as successful as its donor supply. For this reason the first building block in such an organization is a set method whereby an adequate supply of blood is guaranteed. Once this has been settled, 90 per cent of all troubles in blood bank work have been overcome before they have ever arisen.

In large metropolitan areas a blood bank may procure an adequate supply by paying donors at random on a commercial basis. Any amount of blood drawn in excess of the immediate needs of the hospital may be sold at a nominal sum to smaller institutions which must depend for their supply on such commercial organizations.

However, from an economic standpoint, self-sufficiency is a greatly desired quality. A proven system is the two-for-one ratio of replacement. In actual practice only about one-half of the bloods used are ever replaced. For this reason many blood banks run on a marginal, day-to-day existence. Such a condition allows for little leeway when an emergency order or a call for some one of the rarer types of

The procedures described do not necessarily represent those in practice in the institution with which the author is affiliated.



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blood comes in. For this reason the blood bank donor system must, of necessity, extend to such other departments as admitting, accounting, social service and, above all else, to the house staff in its contact with the patient and family.

There must be no difference between approach to ward replacement and that to private replacement. This is a cardinal and inflexible principle. When an attending physician calls the hospital to have a patient admitted, the office asks him if he has made arrangements for blood with the bank. If this has not been done, he should be connected immediately with the blood bank. The bank can then acquaint him with its policy that in elective surgery at least one-half of the total replacement for the anticipated amount desired must be donated prior to the time of operation.

Ward replacement is the responsibility of the house staff men. They see the patient and his family and for this reason have an added psychological authority when they say that such and such number of donors must be provided by a given date or the procedure will not be done as scheduled.

Social service now enters into this network by helping to contact friends and family as potential donors. The social worker may also serve the invaluable function of screening each patient as to his possible American Red Cross affiliations when such a program is in effect in the vicinity of the institution or the patient's home. Time and again such replacement sources are never discovered because no one who is skilled in interrogation interviews the patient or his family. Such information is then given to the blood bank which does the final arranging for the actual replacement.

The accounting office functions as a final source of donors since it sees the patient, or persons financially responsible for the patient, and can impress the point that at least the transfusion cost can be materially reduced if full donor coverage is supplied. The fact that a refund can be expected from a bill already paid if the donors needed are provided lends a definite impetus to donor replacement after discharge.

UNIT ORGANIZATION

While it is true that a blood bank is dependent on its donor supply, it is also true that without a strong unit organization, that is blood bank personnel, the whole service is doomed to incompetency. In a well knit blood bank there is no room for the undertrained or trainee type of technician. Since this presupposes that the technician has had adequate experience, it may be stated that the average wage paid by the institution must be proportionately higher. To train a junior technician on the job is penny-wise but safety-poor. Whereas any sort of mistake can be corrected or repeated in the general run of routine laboratory. work, one mistake is irrevocable in the blood bank. The saving of \$5 per week in a technician's salary is not worth the jeopardy into which the patient's condition and the safety of therapy are thrown.

For the same reason an adequate number of technicians should be provided to overcome any tendency to rush. For every 20 transfusions prepared and 10 donors drawn in a day, there should be two technicians to cover. Inasmuch as a blood bank must operate 24 hours a day, split shifts are in order. Two technicians on duty from 8 a.m. to 4 p.m. and two others from 12 noon to 8 p.m. is an ideal coverage when 300 or more units are drawn and transfused in a given month.

The overlapping allows for two problems to be solved: one, ample workers in the early afternoon to prepare transfusions for the following day and, two, an adequate coverage at all times in case one technician is absent for sickness, day off, or just a plain unnotified absence. With such coverage, donor hours may extend throughout the whole day and early evening until 7:30 p.m. At all times there is someone to prepare transfusions and to draw donors if both manipulations occur at the same time.

It is poor policy to expect interns to do blood bank work at night. The general run of house physician is not well enough versed in Rh and crossmatching to assume such absolute responsibility. A far better plan is to have a night technician. This may be a full-fledged technician who is willing to work nights or a medical student who, with adequate training, is willing to assume the night responsibilities in return for his board and room. Again, this is an inexpensive solution when weighed against a possible transfusion accident resulting from incompetent technical procedures.

The blood bank supervisor must be chosen with as much care as any department head who handles numerous responsibilities. The supervisor's job is analogous to the constriction in an hourglass. No matter how you turn the thing, all facets of the service pass through his hands. The supervisor is responsible for the excellence of technical work done; for administering the policies of the hospital as they pertain to the blood bank, and for being at all times equal to any circumstances which may arise. The technicians are responsible to him and he in turn is responsible to the anesthesiologist, pathologist or whoever is division chief. The supervisor must be consulted when matters of institutional policy come up as he, and only he, can interpret how they will affect the competency of the blood bank service.

One final function of the organization is the putting up and sterilization of draperies, drawing sets and recipient sets. Undoubtedly this work comes under the jurisdiction of central supply. Even the most skillful blood drawing and cross-matching can be negated in a matter of minutes if the sets contain pyrogenic substances. Some hospitals have tried to have a worker from the blood bank do this chore. It is not too efficient inasmuch as it means an additional salary must be paid which could be circumvented by introducing the blood bank units along with the rest of the work done by a central sterile supply. Again, it cannot be overemphasized that the care with which all CSS work is done is an absolute essential in preparing donor and administration sets. By delegating one of its functions to a department with special skills, the blood bank improves its margin of safety.

TECHNICAL PROCEDURES

The technical procedures involved include not only laboratory technic but also the manner in which blood is drawn and administered. Until this last year there have been but two main bottle and administering systems to choose from. One of the first bulwarks against reactions of the pyrogenic type is rigid control of solution and equipment by central supply. When reactions do occur it is the blood bank supervisor's job to trace them down and advise the central supply people how to alleviate the condition. It is a good idea to tag all solutions and sets with the date. Then an epidemiological control will tell what lot is causing the reactions, or what floor is lax in its sterile technic, and the What looks like a solid blue background on this page is actually a "screen" made up of nearly a million little "dots". With a magnifying glass you could probably find quite a few defective dots in that million total.

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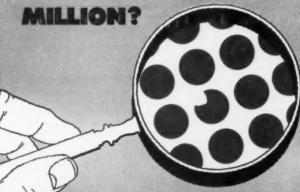
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etiological condition can be isolated before the incident gets out of hand.

Laboratory procedures must be both rapid and accurate. This is paradoxical since as speed increases the degree of accuracy decreases. This may be reduced in great degree by an absolute evaluation of the antigenic structure of the donor's cells. Donor cells must be evaluated as to A-B-O character including A and A₁ and as to Rh factor which must include at least C-D or 87 per cent evaluation. Thus, even before a cross-match is set up, there is a reasonable assurance that it will be compatible.

Before a blood is judged compatible. a cross-match and a conglutination test must be run. This gives a check on both the saline and albumin agglutinating systems. For routine requests a saline and Rh system is used. This takes 20 minutes, but achieves great accuracy if done by an incubation type of method. In emergency an albumin "blocking" serum may be used with a slide test technic. Thus blood may be judged compatible in from 25 minutes for emergencies to 45 minutes for routine requests. The tube incubation method should be standard practice. The use of Witebski factor in dire emergencies enables the blood bank to cope with any time element which a given case may dictate.

Although not of scientific nature, the bookkeeping of the blood bank is just as important as are the laboratory procedures. A prime requisite in any well managed blood bank is a secretary-accountant. Because it functions on the basic rules of banking, an organization must keep appropriate records. A day book is kept which shows a donor side and a recipient side. As a donor is drawn, his blood is entered on the donor side showing the number of the blood, date, type, Rh, serology and to whom it is credited. The recipient side shows date ordered, date transfused, recipient's location, recipient's blood character, and physician who takes the blood from the blood bank. A record is kept of blood released after having been crossmatched and returned to the bank un-

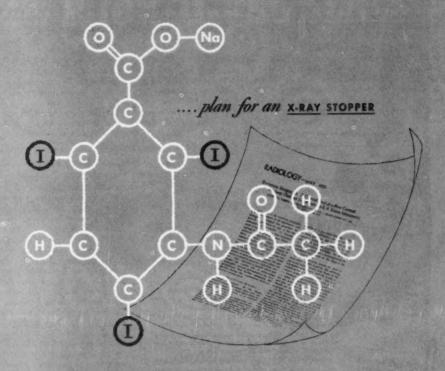
A card is kept on each patient showing classification, such as ward or private, case physician, transfusions used, and donors provided plus all pertinent dates. These cards are the basis for donor replacement and are used by the accounting office in calculating charges when bills and statements are made up. Charges which represent work done the day before are sent to the accounting office every day. Thus a three-way control is maintained: blood bank records, the patient's chart, and the acounting office charges. This protects both the hospital from loss and the patient from overcharging or wrong billing. A statement is made once a week to division heads as to blood used and blood replaced on their service. The recording system can, without anyone's being cognizant of the fact, become so complicated and ponderous that it defeats its own purpose.

A logical system should not necessitate an operator's having to enter a donor or recipient more than twice each from drawing of the blood to its transfusion. Thus the phlebotomist enters the donor's name and unit number on a donor card and in the day book; the technician preparing the transfusion uses only the request slips and the recipient side of the day book; the accountant enters the information on the charge slip and credit card, and the physician has but to fill out the transfusion information on the request slip and attach it to the patient's chart. With but two responsibilities each, one deviation or mistake can easily be rectified. It is worth while remembering that 75 per cent of all transfusion accidents are caused by carelessness in bookkeeping and not by clinical procedures.

FINANCIAL STRUCTURE

It has been a practice of hospital administration the last few years to economize on salary expenditures rather than to change the existing conditions of inefficiency that necessitate the added cost of personnel. However, it is much wiser to spend extra money for qualified and competent help rather than to engage more people, at less salary per worker, whose work is of vastly inferior quality. This is paramount in ascertaining what to pay blood bank personnel. A minimum weekly pay rate should be in the neighborhood of \$40 to \$45. With this in mind it follows that a higher wage level must be anticipated for blood bank workers which will pay for itself in any given year owing to savings in reduced turnover of personnel. fewer transfusion accidents, and the adequacy of technical service rendered.

For many years it has been felt that transfusion services lost money. But as the physicians have become edu-



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cated to using blood routinely, the fallacy of this has become apparent, until today the transfusion service not only can pay its own way but represents a substantial source of revenue for the institution.

Many times the cost for blood is so high that a surgeon will not use it routinely to save his patient some added expense. If the unit cost of blood is reduced to the point that it is a reasonable expenditure for the patient, more blood will be requested. This in turn increases the earnings of the service. One of the best ways to reduce high transfusion costs is to stop the practice of posting separate charges for the three steps involved in a transfusion, i.e. laboratory, unit cost of blood, and administration fee, which includes the work of central sterile supply. A unit charge of, say, \$35 incorporates all three functions and saves the patient from the \$10 or \$15 which would be incurred if each step were charged for at the normal rate charged by the department performing the service.

A further procedure to reduce the cost of a blood transfusion is to give

a monetary reduction on the patient's transfusion bill for donors provided. If a credit is accorded of \$15 for every pint of blood replaced to the extent of two for every one transfused, a patient's transfusions can cost as little as \$5 each. Upon study it is apparent this is not as much of a giveaway as it at first seems. A \$5 service charge is made for irreplaceable values which the patient receives, such as sterile technic in preparing a transfusion, intern's time, and other such intangible items. This charge must stand for each transfusion and can in no way be compensated other than in dollars and cents.



If this value alone were received on each transfusion given in a 3600 unit per year institution, a figure comparable to a nominal blood bank budget for any given year would be realized. It works to the advantage of both the patient and the hospital; not only is it an added incentive for donor replacement, but it helps to guarantee the institution a constant supply of blood and even in cases where the majority of the hospital bill is in arrears at least a "resale" value has been received which is equal to if not twice as large as the value of the service rendered to the patient. With a little planning and forethought the blood bank not only can support itself but can counteract a loss which might otherwise stand as unpaid or in arrears to the general fund.

One final financial measure which is of great help is that of keeping the intravenous therapy service budget separate from that of any other department. No "rule of thumb" can be given as to what an adequate budget should be. However, it is safe to figure, for a 3600 unit per year institution, \$25,000 in excess of salary paid personnel.

This seems to be a rather considerable figure to cover maintenance, blood purchased, reagents and blood drawing and administering equipment. Its magnitude can be offset, if, from each month's earnings of the bank, a portion equal to its expenditure for the month is taken and reassigned to the transfusion service budget, the residual earning being left to swell the general fund. Thus the intravenous therapy service functions financially as an organization subsidized by the financial reserves of the institution. It pays off its indebtedness, as soon as it incurs



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one, out of its earnings and contributes any excess earnings to the parent general fund of the hospital.

OTHER SERVICES

The service rendered by the transfusion department need not be restricted to blood and the simple saline-dextrose parenteral fluids. In fact, a concerted effort toward adding complementary services will serve to keep the organization in closer touch with the medical staff. There are many unique and valuable therapeutic procedures which the transfusion service can provide.

A blood bank can conceivably reduce its loss by processing its own plasma. However, since the advent of the irradiating technic it is not a feasible procedure except in large institutions. Nevertheless, there are other blood derivatives which have a certain value as therapeutic substances. Convalescent serum or plasma is a therapeutic agent of some popularity in rubeola, rubella, streptococcal scarlet fever and other infections of streptococcal etiology. Idiopathic parotiditis and pertussis have also been found to be subject to the action of such immuno-therapeutic products. Many times a high and prolonged febrile condition has been materially reduced by serum administration when the condition has been resistant to other therapies.

Red cell suspensions are of vast value in cases of chronic anemia and in pediatric work where an anemic condition is in need of correction but the concomitant administration of large volumes of plasma, as found in whole blood, is contraindicated. Full anti-anemic value can be accorded acardiac case with red cell suspensions without any great danger of further cardiac embarrassment caused by an increase in fluid volume. A red cell paste, either dry or as an ointment, when applied topically is an aid to the growth of new tissue.

Salt-poor human albumin in bad burn cases has received much favor of late. Although a hospital blood bank cannot produce this agent, it can be responsible for an adequate supply's always being on hand. It must be kept in mind, however, that when albumin is used enough blood must be kept available to offset any tendency of the albumin to prolong hemodilution which might result from blood volume loss. With a little thought and investigation the intravenous therapy service can provide the medical staff with many valuable therapeutic agents for infusion use, a number of which would be in demand if they were only furnished.

Although many institutions make up their own dextrose and saline units, it still remains for the commercial companies to produce the more involved solutions which require pharmacological equipment. By an intelligent program of supply on the part of the transfusion service staff and education on the part of the medical staff, many additional therapeutic substances can be made available.

A short list of these solutions might include histamine alcohol, vitaminfortified isotonic preparations, 1/6M sodium lactate, and parenteral protein hydrolysate. These represent but a few such agents available from commercial houses for intravenous use.

Finally, the use of gelatin has gained some notice as a blood substitute (volume replacement) in cases of extreme hemorrhage to help "stretch" a relatively small or inadequate supply of whole blood.

CONCLUSION

The whole blood bank problem can be summarized briefly as follows:

1. There must be a direct flow of information from the blood bank supervisor to the clinical and administrative staffs. Nine times out of 10 the people who use the blood bank and its facilities are no more aware of its problems than are the administrators who must fuse the service into the whole scheme of organization.

2. Absolute clinical cooperation must be maintained in reference to donor supply.

 Superior technical help must be employed to staff the transfusion service and an adequate salary must be paid these workers to reduce the personnel turnover to a minimum.

4. Charges must be kept to a level which pays the departmental costs and contributes an adequate sum to the general fund of the institution, but which at the same time places all the blood needed within financial reach of those who have need of it.

5. One thing above all else to be remembered in setting up an integral transfusion service is that it is primarily a job of education—education of physicians, administrators and technicians—by someone with experience and background in blood bank administration.



The Importance of PREVENTING BORDERLINE NUTRITIONAL STATES

IN CHILDREN

N recent years increasing interest has been focused on the relationship between nutrition and the physical, mental and emotional development of children. It is now well recognized that listlessness and apathy in the child frequently may be nothing other than manifestations of a borderline nutritional state resulting from faulty food selection and inadequate consumption. Moreover, such sequelae of faulty nutrition often respond dramatically to improved food habits.*

For preventing borderline nutritional states in children due to food whims, poor choice of foods, or lack of interest in eating, Ovaltine in milk enjoys long-established usefulness. Its rich content of biologically complete protein, vitamins and minerals can supplement even grossly deficient diets to optimal nutrition. The delicious flavor of Ovaltine invites its acceptance and lends interest to eating when the appetite lags. Children particularly like Chocolate Flavored Ovaltine.

Three servings of Ovaltine in milk furnish the supplementary amounts of nutrients shown in the appended table.

*Baumgartner, L.: Wider Horizons for Children; The Midcentury White House Conference and Children's Nutrition, J. Am. Dietet. A. 27:281 (Apr.) 1951.

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1/2 oz. of Ovaltine and 8 oz. of whole milk,* provide: 32 Gm. VITAMIN A 32 Gm VITAMIN B. RIBOFLAVIN . . . 1.12 Gm

1.16 mg. 2.0 mg CALCIUM NIACIN VITAMIN C . . . PHOSPHORUS 0.94 Gm. 30.0 mg COPPER 0.5 mg. CALORIES

*Based on average reported values for milk.

Two kinds, Plain and Chocolate Flavored. Serving for serving, they are virtually identical in nutritional content.

CLINICAL BRIEFS

Conducted by E. M. Bluestone, M.D.

New Light on Filterable Virus

The filterable virus, probably man's deadliest enemy, is a highly complex structure.

New light on the nature of the almost infinitesimally minute things which are responsible for some of the most dreaded human animal diseases has been obtained from studies at Duke University, according to a report made to the Office of the Surgeon General of the Army under whose direction experimental work was conducted during the war.

The viruses have diameters of only a

few millionths of a millimeter. They are far below the limits of the most powerful optical microscope. Through use of the electron microscope and microchemical technics, however, it was possible for the Duke University investigators to obtain considerable information.

They are so minute that there has been some question as to whether they are actual living things, or large molecules endowed with the ability to reproduce themselves.

But, says Dr. Joseph W. Beard, who was in charge of the Duke investigations under the army: "These particles cannot be molecules. They are of very complex structure and apparently are enclosed in a membrane."

The studies were made on two viruses—one of which causes a disease of rabbits known as papilloma and the other human malady vaccinia—and one of the bacteriophages, which are quite similar organizations. These are simpler to study than are the influenza viruses which were the ultimate objectives of the Duke investigations. It was felt that any knowledge of viruses in general ultimately might prove of value.

The bacteriophage especially looked like an ultramicroscopic tadpole. It has a well defined head and a stubby tail. The papilloma virus was spheroidal in shape while the vaccinia organism was like a flattened disk with denser internal material bulging beneath the surface of its "skin."

Other tests showed that these viruses were a little more than half water. The chemical composition of the bacteriophage consisted of a mixture of proteins and lipoids, or basic constituents of fats, in association with a high content of nucleic acids, complex compounds found in the nucleii of all living cells. The chief element was carbon—about 42 per cent. There also were considerable amounts of nitrogen and phosphorus. The diameter of the papilloma virus was found to be about 65 thousandths of a millimeter.

Preventive Rôle

A new preventive rôle for the family physician which may well replace the traditionally accepted but scientifically outmoded purely curative function was outlined by Thomas A. Francis Jr., M.D., in the Oct. 1, 1949, Journal of the American Medical Association as "The Family Doctor, an Epidemiologic Concept."

The author's definition of a family



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involves two epidemiologic factors, the environmental and the genetic. The latter has proved to be important in the dissemination of rheumatic infections, although no definite conclusions as to the relative importance of hereditary susceptibility and direct contact transmission has been established. Altergy, diabetes, thyroid disturbances, certain blood dyscrasias and, more recently, aberrations in lipid metabolism with resulting coronary sclerosis are examples of familial defects the family doctor could investigate for the wellbeing of the family.

The factor of intrafamilial contact with infected or carrier members has long been recognized as a potent epidemiologic factor in many diseases. "The family represents a concentration of infection of continued risk to itself and the community." Among the diseases reviewed by the author in this respect are typhoid, tuberculosis, poliomyelitis and infectious hepatitis.

The author urges a more active attitude in the discovery and treatment of carriers. These subclinical infections may be treated with small doses of antibiotics and sulfonamides. "As active prophylaxis increases, experience has repeatedly proved that the risk of infection in the community declines."

The author concludes, "By continued recording of the distribution of disease in the families and in the community he serves, the physician can add greatly to progress in the field of epidemiology and constantly function in the foreground of efforts toward the control and elimination of disease."—JOHN D. THOMPSON.

Epidemiology of Accidents

Epidemiology, as a study of cause and effect in their relation to health, can be equally well applied to an investigation of the traumatic hazards. This is discussed in an editorial entitled "Epidemiology of Trauma" which appeared in the September 22 issue of the New England Journal of Medicine.

Three factors, or some combination of the three, are involved when the "established and satisfactory equilibrium or adjustment between man and his environment" that is called health is disturbed. These are the direct causative factor or agent, the environmental factor, and the host factor.

The editor believes that a study of them all is important if a practical program of control is to be worked out. Not only can the epidemiology of accidents be analyzed in the same manner as that of disease, but practical preventive measures will result from a survey of the causative factors.

The editorial goes on to mention that Doctors Roberts and Gordon have investigated and reported on the epidemiology of home accidents as they occur in Massachusetts. The Massachusetts accident death rate is lower than that for the country as a whole, but the commonwealth's low automobile death rate is responsible for this. Fatal home accidents are actually proportionately more important in Massachusetts than in the nation.

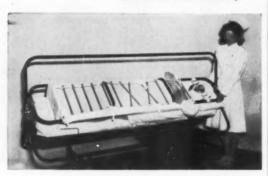
Not only do the authors present a statistical analysis of the local status, but also advice regarding the studies on which efficient control methods can be based.

In respect to the epidemiology of trauma it is interesting to note that considerable attention is now being focused on accidents occurring on the farm. Here, where a high rate of unnecessary mishaps is being reported, is a fruitful field for the type of study that Dr. Gordon has so successfully developed.—MALCOLM SMITH.



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THE NORMAL DIET

WE IN America have much to be grateful for. The year 1949 brought this country a higher standard of living than any year in past history and brought us more than any other people in the world." This statement was enclosed, somewhat surprisingly, with a "please remit" from a department store on Jan. 1, 1950.

NOT BEST FED NATION

It is rather characteristic of Americans to think of ourselves and of what we have and do as the best. Yet at the time the foregoing was received, a report by the United Nations appeared in the daily press questioning whether the United States is the best fed nation. In part, this report read: Americans, while well fed, are not getting as much meat and milk as are New Zealanders, Uruguayans, or people in some other lands. The Food and Agricultural Organization said the United States is tied for fifth place in per capita caloric intake; tied for sixth place in consumption of animal protein; it ranks fifth in meat, and eleventh in milk consumption. New Zealanders are ahead of the Americans in all four categories. Australia tops us in caloric intake and in meat and total animal protein consumption; Denmark surpasses us in all categories except meat consumption; Argentina ranks higher in meat and total animal protein consumption and is tied with the U.S. in caloric intake, but its milk consumption falls below our rate.

Coincidentally, a statement appeared in the daily press by Dr. George D.

HARRIETT S. WARMINGTON

Area Dietetic Representative Veterans Administration Fort Snelling Center St. Paul

Scarseth, director of research for American Farm Research Association, indicating that food will be scarce within the next 50 years if farmers lose as much individual freedom as many laborers have lost. He further stated that as long as farmers are free to make progress in using better methods to raise abundant food at a fair cost and profit, no one or no nation need fear a food shortage. On the other hand, if the traditional American incentive of a fair profit for honest effort is replaced by some system of orders or statism, the prospect for a land of abundance for the millions is not good.

TO RAISE NUTRITION LEVELS

Today the world's scientific knowledge about food, its production and its use, is pooled and the world economics of supply and distribution are always under review. This is mainly centered in the Food and Agricultural Organization of the United Nations. This organization came into being at Quebec, Canada, in 1945-the first international organization to be created after World War II. At that time, 42 countries signed the constitution, and membership now includes 58 countries. In the preamble to the constitution, these nations bound themselves to collective action aimed at "raising levels of nutrition and standards of living of the peoples under their respective jurisdiction; securing improvements in the efficiency of production and distribution of all food and agricultural products, and bettering the condition of rural populations."

At least the problem of producing and distributing sufficient food for an adequate diet for the inhabitants of the world is getting consideration by representatives of most nations. In other words, man's greatest need, food, is getting the attention of the world's most inclusive organization, the United Nations. Within this organization are those who study population trends and set nutritional standards for the various countries.

We speak of the four great stages of man's progress, mainly barbaric, pastoral, agricultural and industrial, and at no time has the world produced food enough to feed the ever increasing population, even though there have always been war, disease and famine to check this increase. It is estimated that in the last decade the population of the world increased by 200,000,000, yet we had heavy destruction of life by war and famine. Food production increases for this vast number have not kept pace and today, even in the best fed countries, about 25 per cent of the population lacks food on a health standard.

DAILY FOOD NEEDS

Let us just review an individual's daily food needs, as published in 1948 in the National Food Guide, U.S.D.A.: 1 or more servings of leafy green or yellow vegetables

 or more servings of citrus fruit, tomato or raw cabbage

2 or more additional servings of other fruits and vegetables 2 to 4 glasses of milk

Some bread and cereals (whole grain or enriched)

Some butter or fortified oleomargarine 1 or 2 servings of meat, poultry, fish, eggs, dried legumes, or nuts This last item is one of the most

Condensed from a paper presented at the course in clinical dietetics at the Center for Continuation Study, University of Minnesota, March 1950.

Reviewed in Central Office, Veterans Administration, and published with the approval of the Chief Medical Director.

omato thrills

See what can be done with tomatoes! Serve the juice, brimming with vitamins . . . or tomato aspic . . . or this novel consommé Madrilene. These are some of the tomato delicacies in the Sexton assortment, each fashioned to tempt the taste of the fastidious gourmet as well as to satisfy the food hungry guest . . . and each offering tongue-tingling goodness and flavor of the field-ripened tomato.



important needs in our diet, inasmuch as proteins, minerals and vitamins are our protective foods. You will recall that we rank fifth in meat consumption and sixth in consumption of all animal proteins. This picture is not too good, because, generally speaking, proteins of animal origin are the complete proteins containing the essential amino acids and are of higher nutritional value than the commonly used vegetable proteins. No doubt, the two major reasons why we rank fifth in meat consumption are because it is expensive and, to some extent, unavailable in certain sections of the country. This has been especially true in the southern states

Multiply the needs I have listed by our 150,000,000 population and that by 365, and make a few minor adjustments for age, sex, occupation and health, and we have the annual food requirements for the people of our country. When these required needs are compared with the annual production figures, after deducting the losses due to inedible refuse, waste and spoilage, we see over-all shortages, especially in fruits, vegetables, milk and whole grain or enriched cereal products and an over-supply of refined white flour and sugar. It is amazing to realize that these last two items furnish almost 50 per cent of all the calories consumed by the people of the

SURVEYS SHOW FOOD HABITS

There have been many surveys on food habits and on the nutritional status of the people of the United States. One survey shows that, roughly speaking, one-half of the population does not reach a qualitative scale of eating that is really satisfactory from a health point of view and it is further estimated that only about 20 per cent of our diets can be classified regularly as good or excellent.

From this rather gloomy picture of the normal diet of so many in this country, let us proceed to a discussion of the adequacy of the normal diet as it is served in hospitals. If there is any place in the country where people should be adequately fed, it is in the hospital where the professionally trained dietitian is responsible for the entire food service program. We are all aware of the inadequacies of certain restricted diets, such as the Sippy, low caloric and liquid. It is too often said that it is doubtful if any vitamin deficiency disease would ever occur

just because the patient was on a restricted diet for a few weeks during his hospitalization, but let us not forget that thousands of patients are admitted in subclinical status; that is, they come from that poorly nourished group we have just mentioned.

There are so many patients hospitalized who are long-term cases, such as the long-term surgical and orthopedic patient, those hospitalized for mental disturbances, and the increasing number of polio patients. It is true we seldom see full blown deficiency disease, yet once in a while we do; an individual may come in with pneumonia and suddenly blossom out with a case of pellagra or he may begin to show marked signs of riboflavin or thiamine deficiencies-this because the extra metabolic demands of the disease have created a clear-cut deficiency out of the subclinical state. In order that the deranged metabolism may be quickly corrected, it is important that the patient's diet be adequate nutritionally. In the face of unknowns, if one must err, it would seem better to err in the direction of the National Research Council allowances or, in other words, in the direction of safety.

It is disturbing to read about a study made about 1? hospital dietaries which showed marked deficiencies. This analysis was made in Canada by two biochemists and a technician, assisted by trained dietitians, who at each meal obtained from the diet kitchen a representative tray for each of the 12 diets. Depending upon the constancy of the diet, the collection periods varied from one to five days in length. Accordingly, each diet appraised in the study was represented by from three to 15 trays. Aliquots of blended composite samples were assayed for thiamine, riboflavin, niacin, vitamin A plus carotene, ascorbic acid, protein (Kjeldahl), calcium, iron and phosphorus. The results when tabulated in graphic form pointed to remarkable defects in certain routine therapeutic dietaries. However, from the standpoint of dietary planning there seemed to be little excuse for this inadequacy in the regular diet which was served to all patients, staff and personnel. This type of diet should at least meet the goals toward which we aim in the planning of practical dietaries based on the recommended allowances of the Food and Nutrition Board

It is reported, however, that the samples analyzed fell short of this ex-

pected level in their contents of ascorbic acid, thiamine, riboflavin and niacin. A perusal of the menus provided in the report convinces one that the (house) diet could have been improved by better menu planning so that it met these standards. During the five-day period, too few green, leafy vegetables appeared on the menus, not enough fresh fruit or juices were included, the quantities of lean meat were not abundant, and the daily supply of milk ranged from 240 to 428 grams.

This study clearly points to two important problems which should be of great concern to dietitians. The first and the most important—does the regular home diet come up to the nutritional level? Second, are some of the restricted diets checked carefully if they are to be carried over a period of time?

A similar study was made at the Pennsylvania Hospital, Philadelphia. The results of this study were discussed by Dr. Garfield G. Duncan in a paper presented at the American Dietetic Association convention in Philadelphia in 1948, entitled "Some Nutrition Hazards of the Hospitalized Patient" and published in the April 1949 issue of the Journal of the American Dietetic Association.

STUDY REGULAR DIETS

In the Veterans Administration, we have been making a study for the past several years of the regular diets served to the patient by asking each hospital to submit once a month an analysis of one hospital ration regular diet for a representative day. The day is picked by our central office after the ration has been served. This breakdown includes the number of servings per person, such as one or two slices of bread. one or two squares of butter, the average caloric intake per day, amount of protein, fat, carbohydrate, calcium, phosphorus, iron, vitamin A, ascorbic acid, thiamine, riboflavin and niacin.

We have recommended the daily allowance for specific content as established by the Food and Nutrition Board, National Research Council. This is based on an adequate diet for a moderately active man weighing about 70 kilos. Each hospital is requested to use the Food Composition Table for Short Method of Dietary Analysis prepared by Donnelson and Leichsenring in their calculation of the diet. These reports may look all right on paper, but as a further check on the



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adequacy of these normal diets we have now established a system based on the ounces per ration of the foods served, broken down as follows:

Green and yellow vegetables
Citrus fruits and tomatoes
Potatoes, other vegetables and fruits
Milk and milk products
Meat, poultry and fish
Eggs, fresh and frozen
Bread, flour and cereals
Butter and oleomargarine
Other fats
Miscellaneous foods

This method was effected in order to reduce the wide differences in quantities of food issued to the various types of patients in the proportionate part of the ration group. It was felt that there are two important factors that should control the situation: First, that the minimum nutritive requirements of each major food group should be served to each patient and, second, that this should be uniform throughout the 48 states.

Since the field of dietetics is vast, this has necessitated specialization, so that we now speak of dietitians as administrative, therapeutic, research, teaching and so on. It is possible that this specialization can be carried too far, as all hospitals are not large and there are still hundreds of dietitians who must use daily almost everything they ever learned in training, from cost accounting to therapeutic diets. It is necessary that we have a good sound nutritional background, even though we are working chiefly as administrators.

NEEDS SOUND BACKGROUND

I do not wish to be too authoritative on this, but consider just one reason why dietitians need a sound nutritional background. First, and regardless of what dietetic position we may hold, we lose our perspective and our reason for being if we do not keep the patient foremost in mind. The administrative dietitian is most frequently the menu planner and is influenced by many factors, one of the most important of which is the food budget or cost. There have been guides set up for her to follow, so that she will know how to gauge or distribute her expenditures and at the same time ensure an adequate diet. One guide for each \$100 expended is as follows:

 Cereals and grains 2.9% dollars Miscellaneous 6.6% dollars

Someone might say it does not require any particular amount of knowledge to follow this pattern and any food service manager should be able to do it. However, suppose the dietitian finds one of the food groups unpopular: What is she to do then, serve less than the recommended amount? Or should she continue to serve the essentials and at the same time initiate an educational program to persuade her clientele? The latter procedure would indicate that she has some strong convictions about nutrition. It is such decisions that distinguish a dietitian from just any food service manager.

I would like to suggest at this point that all dietitians on the staff work more closely together in the planning of the regular house diet. It is necessary that the administrative dietitian be in on the planning, for, as I have stated, she must consider the costs and, in addition, the adequacy of the equipment and number of employes available to prepare the food.

A menu that appears to be well planned on paper has many hurdles to make before it reaches the patient. There should be no margin for error in cooking. Poor cooking in a hospital should be outlawed. This portion of the supervision again rests with the administrative dietitian. However, from there on, this well planned, excellent menu - on paper - satisfactorily prepared, frequently arrives at a point where the supervision changes, for the service of the tray is almost always supervised by a ward or therapeutic dietitian or another hospital service. Many well planned, well cooked meals have been spoiled at this point. This service should be closely supervised and the work should be performed by employes assigned to the dietary department. It is much simpler to train a dietary employe to serve food quickly and attractively than it is to leave this function to another service, because the dietary employe may be more easily impressed with the fact that it is his job and his alone. For a nurse food service is an added, and not too pleasant, duty. Nurses' other duties are now so numerous that the food service has become a burden to them.

The dietitian responsible for the tray service presumably has had a part in planning the menu and has assumed the responsibility for serving it properly. She is the one who most frequently visits the patient, reports his comments on the food, and therefore is in a position to evaluate the success of the entire normal diet procedure from planning to consumption. She has the opportunity to teach good nutrition, to let the patient know that she is in a position to help him and is available for teaching and answering questions. Too many patients on a regular diet report that they did not meet the dietitian once during their hospitalization.

I suggest that the administrative dietitian, as well, should occasionally visit patients at mealtime, solicit comments, and encourage good eating habits. One real test of a good dietitian is to be able to visit patients with a smile and still wear that smile when she returns to her office. She must also be able to distinguish between just criticism and the gripes of the crank. It should be remembered that constructive criticism can be more conducive to progress than tacit acceptance or lukewarm praise.

LET KEY EMPLOYES PARTICIPATE

Another suggestion for improving the food preparation, especially the house diet, is to hold a weekly menu conference, asking the head cook, baker and other key employes to participate. This conference offers an opportunity to discuss and teach better cooking and serving technics. Response from these employes is better when they are credited with the knowledge of their respective jobs. Exceptionally good results, as well as the not so happy incidents, can be discussed in such a manner that errors will be avoided the second time. Since most of our cooks still get their training in a somewhat haphazard way by just acquiring it in one kitchen or another, another major job of the dietitian is to teach cooking. If we do not do this, we have failed to use our abundance of teaching knowledge.

The demand for trained dietitians is much greater than the supply, so it is imperative and wise to utilize to the utmost the abilities of the non-professional worker in any capacity whereby the dietitian is released for more highly specialized responsibilities.

In summary, it is imperative that the normal diet as served in hospitals be not wasteful in view of rising costs, nor should it err in quantity or proper nutrients. We have an excellent



opportunity for teaching adequate nutrition to the patient, the staff and personnel. We should consider this as one of our main responsibilities, ever mindful that many patients come to us in a subclinical nutritional state. This is not always the result of lack of funds, but frequently of lack of good nutrition education.

Even though there is a shortage of trained professional personnel, we should make sure that the food is so appetizingly prepared and pleasingly served that the food waste will be held to a minimum. This can be accomplished by utilizing more nonprofessional employes as supervisors. These employes should be well instructed by the dietitian, using both class and onthe-iob methods of teaching.

It is the responsibility of the administrative dietitian to promote harmonious interdepartmental relationships as she represents her department at staff and board meetings; she also represents her profession when she meets people in her community. Her professional responsibilities will be met if she lives up to the objective of the American Dietetic Association:

"to improve the nutritional standards of human beings, to raise the standards of dietetic service, to protect the ethics of the profession and to foster cooperation between members and those in allied fields."

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FOOD FOR THOUGHT

Okra

This native plant of tropical Africa, brought to this country in early days, is responsible for many Creole dishes or "gumbos" for which southern cooks have long been famed. Okra, also called gumbo, is popular in vegetable gardens of the South where the young green pods are commonly used not only in soups and stews but also as a separate dish, according to the U.S. Department of Agriculture. The unusual characteristic of okra is a mucilaginous substance in the pods, which gives the "slippery" quality required in any bona fide gumbo dish.

Since 1925 okra has appeared increasingly in fresh vegetable markets farther northward, although it still is not commonly grown above the Mason and Dixon's line. In a few districts in the South it is grown extensively for canning. It also is frozen and packaged for retail sale. Thousands of tons are sliced and preserved in brine for use of large commercial canners of soup and other prepared products. In Africa and some other countries where newer methods of preservation are not yet in use, strings of young okra pods are hung up to dry, or sliced pods are dried on cloth trays and then stored in bags.

It belongs to the mallow family, thus is related to the cotton plant and to such ornamentals as hibiscus, hollyhock, althea or "rose of Sharon" and the wild marshmallow. It can be grown wherever other vegetables grow except in the coolest, northernmost areas or at high altitudes.

The department's recently revised leaflet on this vegetable, entitled "Okra: Culture and Use" includes, along with information for the grower or gardener, a dozen recipes. Here is the recipe for chicken gumbo:

Ingredients: 1 quart young okra; a



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One set of significant tests which was made in recent months by a highly competent expert of national reputation (name withheld on request) showed that four standard dishes when made with turkey were far more economical than when made with other poultry at the same price per pound. Reason for this was the higher yield (48%) of cooked edible meat obtainable from each pound of uncooked whole turkey (eviscerated weight).

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Raw Cost For Lb. Table Dressed (Eviscorated)	Cost Per Cooked Lb. 48% Yield (Turkey)	Cost 8 Lbs. Cooked (USDA Standard for Type A Lunch) (Turkey)	Cost Per 100 Servings (6 Oz.) 5 Gal. A La King (Turkey)	Cost Per 100 Servings (6 Oz.) 5 Gal. Noodle Casserole (Turkey)	Cost Per 100 Servings (1.2 Oz.) 1 Gal. Sand- wich Filling (Turkey)	Cost Per 100 Servings (3.2 Oz.) 3—3¼ Gal. Salad (Turkey)
\$.42	\$.875	\$6.80	\$8.74	\$7.99	\$4.11	\$10.06
.45	.94	7.52	9.46	8.71	4.47	10.78
.48	1.00	8.00	9.94	9.19	4.71	11.26
.51	1.06	8.47	10.42	9.67	4.95	11.74
.53	1.10	8.80	10.74	9.99	5.11	12.06
.55	1.15	9.20	11.14	10.39	5.31	12.46

For complete details of these tests and copy of a reprint, "When Turkey Appears on the Menu, It Makes Good Meals at Reasonable Cost," send the coupon.

NATIONAL TURKEY FEDERATION

ILLINOIS MT. MORRIS

NATIONA	LTURKEY	FEDERATION
Mt. Morris	, Illinois	

- Please send me FREE booklet "A Dish A Day" complete with 30 profit-making turkey recipes.
- Also a reprint of "When Turkey
 Appears on the Menu, it Makes
 Good Meels at Reasonable Cost."

Name of Institution:

Address:...

City and State:

3 to 4 pound chicken; 1 slice ham, about a pound; 4 tablespoons of table fat; 1 quart fresh-skinned chopped tomatoes, or cooked or canned tomatoes; 1 large onion, chopped; 1 sprig parsley; 3 quarts boiling water; salt; a little cayenne pepper.

To make: Wash and stem the okra and cut in half-inch pieces. Dress and cut up the chicken. Fry the okra in 2 tablespoons of the fat in a large kettle until lightly browned. Remove from the kettle. Melt the remaining fat in the kettle, add the chicken and ham, cover closely and cook for about 10

minutes, turning when necessary. Add the tomatoes, onion, parsley, water and browned okra. Simmer for an hour or two, or until chicken and ham are tender. Add salt and cayenne. Serve with flaky cooked rice.

Eggs

Nearly half of all the world's supply of eggs are produced in the U.S., and the typical or average person in this country has been using more than an egg a day for the last six years, according to a report of the U.S. Bureau of Agricultural Economics at the Ninth World Poultry Congress in France recently.

Efficient production methods have made it possible for producers to sell eggs profitably at moderate prices. Heavy demand for eggs has resulted from prosperity and full employment. The distribution system offers every producer a reasonable market for his

Larger incomes in the United States since recovery from the depression of the 1930's also have affected both supply and demand. Surveys show that 98 per cent of the people now eat eggs. Even those on lower incomes eat eggs at about the same rate as the total population. One survey shows that the cost of a dozen eggs to the typical American worker in the spring of 1949 was equal to the wages he received for 27 minutes of work. In Western European countries at that time, a dozen eggs cost one to three hours of work-pay. The advantage is even further in the buyer's favor in the U.S. because the standard weight of an egg here is about 56 or 57 grams compared to 52 grams on the Continent.

Adequate grain supplies are one key to our large production of eggs. Grain, principally corn, is cheap enough so that large flocks of chickens can be kept in confinement and fed exclusively on commercial feed concentrates. Eggs from such flocks can compete in cost with those from small scavenging flocks that forage for most of their food and in quality can be superior. But eggs from small farm flocks have proved profitable enough so that the farm value of a dozen averages about the same as 10 pounds of cow's milk.

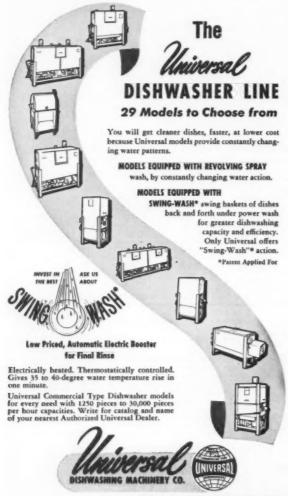
Beets and Honey

Beets are among the vegetables due to be plentiful this fall, according to the U.S. Department of Agriculture. Many people like beets with a sweetsour sauce. Here is a four-serving recipe for beets in honey sauce.

Ingredients: 1 tablespoon cornstarch; ½ teaspoon salt; 1 tablespoon water (or beet juice); 2 tablespoons vinegar; ¼ cup honey; 1 tablespoon table fat; 2 cups diced or sliced beets, cooked or canned.

To make: Mix the cornstarch and salt. Blend in the water (or the juice from canned beets). Add vinegar, honey and fat. Cook slowly, stirring constantly, until thickened.

Add sauce to beets. Let stand at least 10 minutes to blend flavors. Reheat.



ideas

from BLICKMAN-BUILT
award winning
FOOD SERVICE
INSTALLATIONS

saving man-hours in labor

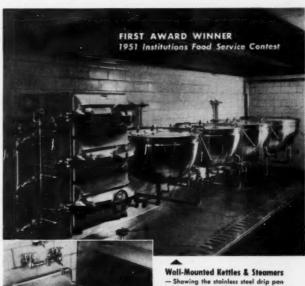
AT MUTUAL LIFE INSURANCE CO., NEW YORK

· Serving over 1500 meals daily, efficiently and economically, is no easy task for any organization. But, Mutual Life Insurance Company of New York solved it with a food service installation that won a first award at the 1951 Institutions Food Service Contest. An interesting feature of this installation is the wall-mounting of steamer, kettles and other equipment. Areas that otherwise would be obstructed, are left completely free for rapid, thorough cleaning. Use of stainless steel equipment with rounded corners and seamless, crevice-free surfaces further enhances a high degree of sanitation. By reducing cleaning time, substantial savings are made in labor and maintenance costs. You, too, can have food service equipment that assures low-cost maintenance day after day by specifying "Blickman-Built."



Sand for illustrated folder describing Blickman-Built food service equipment, evailable in single units or complete installations.

S. BLICKMAN, INC., 1510 Gregory Ave., Weekswken, N.J. New England Branch: 845 Park Square Bidg., Boston 16, Mass.



- Showing the stainless steel drip pan below, stainless steel hood above. Note how unobstructed fixtures are easily accessible for cleaning. The large drip pan is flushed with a hose in just a few minutes, sending accumulated drippings down the drain.

Typical Labor-Saving Construction

View of wall-mounted stainless steel sink with built-in disher-val. Note the fully-rounded corners and caves and the integral rolled edges — features which facilitate cleaning. All-welded, seamless surfaces have no crevices in which dirt can lodge.



Menus for November 1951

Mrs. Dorothy B. Burkhart

Dietitian Chambersburg Hospital Chambersburg, Pa.

Orange Juice Fried Eggs, Toast	Stewed Prunes Pancakes, Sirup	Orange Juice Soft Cooked Eggs	Tomato Juice Scrambled Eggs, Toast	Grapefruit Juice Fried Eggs, Bacon	Pineapple Juice Poached Eggs, Toast
Baked Ham With Pineapple Sauce Potatoes au Gratin Baked Acorn Squash Molded Grapefruit Salad Ice Cream	Broiled Salmon Cakes Parslied Potatoes Buttered Succotash Radish Rosettes Pumpkin Pie	Roast Veal With Dressing, Gravy Harvard Beets Fruit Salad Apple Crisp	Roast Chicken, Gravy Candied Sweet Potatoes Buttered Lima Beans Celery Hearts Cranberry Sauce Ice Cream	Meat Loaf, Gravy Parsied Potatoes Stewed Tomatoes Lettuce Wedge 1000 Island Dressing Pineapple Upside-down Cake	Broiled Steak Escalioped Potatoes Baked Acorn Squash Banana, Nut Salad Ice Cream
Vegetable Soup Blased Beams Creamed Sweetbreads on Toast Waidsoff Sallad Sliced Apricots	Mushroom Soup Tuna Fish Salad Broccoli, Cheese Sauce Fresh Fruit Cup Cookies	Chicken Rice Soup Hot Roast Beef Sandwich, Gravy Sliced Tomato Salad Kadota Figs Pineapple Tidbits	Beef Vegetable Soup Deviled Eggs on Sliced American Cheese Stuffed Baked Potato Carrot Sticks Fruit Cup, Cookies	Mushroom Consommé Chicken à la King on Biscuits Fried Potatoes Peach, Coconut Salad Blue Plums	Beef, Noodle Soup Stuffed Green Pepper Baked Potato Pickled Beet, Egg Sali Pear Halves
7 Cherry Juice Pancakes, Sirup	8 Grapefruit Sections Soft Cooked Eggs	Mixed Fruit Juice Fried Eggs, Sweet Rolls	Orange Haives Scrambled Eggs, Bacon	Tomato Juice French Toast, Sirup	Grapefruit Juice Poached Eggs, Toast
Raast Park Mashed Potatoes Sassekhaut Fresh Applesauce Gingerbread	Braised Liver, Onions Sweet Polato, Apple Casserole Buttered String Beans Coleslaw Ice Cream	Fried Oysters Escalloped Potatoes Buttered Lima Beans Dill Pickles, Olives Lemon Meringue Pie	Roast Leg of Lamb With Mint Jelly Parslied Potatoes Glazed Carrots Molded Pears in Lime Gelatin Salad Pumpkin Custard	Roast Chicken, Gravy Mashed Potatoes Buttered Frozen Peas Dill Pickles, Celery Ice Cream	Broiled Pork Chops Baked Apples Parslied Whole Carrol Pineapple, Prune Sala Raisin Crumb Cake
Beef Vegetable Soup Spaghetti, Meat Balls Vienna Bread Chef's Salad Fresh Fruit Cup	Chicken Rice Soup Baked Lima Beans Broiled Bacon Bran Muffins Mixed Fruit Salad Vanilla Pudding With Sliced Peaches	Vegetable Soup Macaroni and Cheese Stewed Tomatoes Parker House Rolls Tossed Vegetable Salad Nectarines	Creole Soup Hamburgers, Buns Fried Potatoes Spiced Crabapples Royal Anne Cherries	Chicken Noodle Soup Bacon, Lettuce, Tomato Sandwiches Potato Chips Salad Cut Peaches	Tomato Soup Baked Beans Sliced Cheese Cinnamon Buns Lettuce Wedge, Frenc Dressing Dark Sweet Cherries
Tomato Juice Scrambled Eggs, Toast	Stewed Prunes Soft Cooked Eggs	15 Apricot Nectar Fried Eggs, Bacon	Grapefruit Sections Soft Cooked Eggs	0range Juice Fried Eggs, Toast	18 Grapefruit Juice French Toast, Sirup
Roast Beef, Gravy Mashed Potatoes Buttered Green Beans Stuffed Apricot Salad Ice Cream	Baked Ham Mashed Sweet Potatoes With Marshmallows Buttered Lima Beans Waldorf Salad Chocolate Pudding	Beef Stew With Potatoes, Carrots Spinach, Sour Dressing Green Vegetable Salad Strawberry Sundae	Fried Haddock With Tartare Sauce Creamed New Potatoes and Peas Buttered Beets Chow-Chow Relish Mincemeat Pie	Roast Pork Mashed Potatoes Sauerkraut Molded Fruit Salad Tapioca, Peach Creme	Fried Chicken, Gravy Mashed Potatoes Buttered Lima Bean Spiced Peaches, Celer Ice Cream
Vegetable Soup Broiled Cheese Buns Coleslaw Blue Plums Cookies	Mushroom Soup Corn Fritters, Sirup Broiled Bacon Cottage Cheese With Minced Onion Gelatin, Custard Sauce	Navy Bean Soup Creamed Sweetbreads on Toast Lettuce Wedge 1000 Island Dressing Pineapple Tidbits	Oyster Stew Based Potato Celery Hearts, Olives Fresh Fruit Cup	Beef Noodle Soup Chip Steak Sandwich Fried Potatoes Tomato Salad Sliced Apricots	Chicken Rice Soup Assorted Cold Cuts Sliced Cheese Potato Chips Tossed Vegetable Sala Blue Plums
Apple Juice Scrambled Eggs, Toast	20 Mixed Fruit Juice Poached Eggs, Toast	21 Stewed Prunes Pancakes, Sirup	Tomato Juice Fried Eggs, Bacon	Apricot Nectar Scrambled Eggs, Buns	24 Grapefruit Sections Soft Cooked Eggs
Meat Loaf With Mushroom Gravy Parslied Potatoes Buttered Corn Pear, Orange Salad Soice Cake With Seafoam Icing	Braised Liver, Onions Creamed Potatoes Stewed Tomatoes Stuffed Prune Salad Ice Cream	Braised Pork Chops Escalloped Sweet Potatoes and Apples Buttered Green Beans Molded Fruit Salad Butterscotch Pudding	Roast Turkey With Dressing, Gravy Mashed Potatoes Buttered Lima Beans Fresh Cranberry Relish Ice Cream Turkey Molds	Broiled Salmon Cakes Oven Browned Potatoes Buttered Wax Beans Spiced Crabapples Pumpkin Pie	Roast Pork Candied Sweet Potato Buttered Whole Beet Coleslaw Fresh Fruit Cup
Beef Vegetable Soup Chicken à la King on Biscuit French Fried Potatoes Waldorf Salad Royal Anne Cherries	Mushroom Soup Corn Fritters, Sirup Buttered Peas Tossed Vegetable Salad Sliced Peaches	With Chopped Nuts Clam Chowder Rice and Cheese Pickled Beet, Egg Salad Parkerhouse Rolls Sliced Apricots	Turkey, Noodle Soup Cold Sliced Turkey on Lettuce Vegetable Salad Blueberry Muffins Fruit Cake	Tomato Bouillon Fried Dysters Creamed Potatoes Celery Hearts, Olives Lemon Meringue Pudding	Chicken, Noodle Son Assorted Cold Cuts on Lettuce, Deviled E. Baked Potato Lettuce Salad 1000 Island Dressin Parkerhouse Rolls Pear Halves
25 Orange Juice Poached Eggs, Toast	26 Apple Juice French Toast, Sirup	27 Grapefruit Juice Fried Eggs, Toast	28 Stewed Prunes Scrambled Eggs, Bacon	Grapefruit Juice Poached Eggs, Toast	Tomato Juice Pancakes, Sirup
Broiled T-Bone Steaks French Fried Potatoes Buttered Frozen Corn Spiced Peaches Ice Cream	Stuffed Peppers Escalloged Potatoes Whole Kernel Corn Pineapple Salad Chocolate Cake	Busted Main Browned Potatoes Baked Apples Molded Fruit Salad Ice Cream	Swiss Steak Mashed Potatoes, Gravy Buttered Lima Beans Frozen Fruit Salad Bread Pudding	Frankfurters Sauerkraut Mashed Potatoes Fresh Applesauce Ice Cream	Fried Haddock With Tartare Sauce Baked Corn Custard Broccoli, Cheese Sauc Dill Pickles, Celery Mince Meat Pie
Vegetable Soup Toasted Cheese Sandwiches Potato Chips Celery Hearts Fresh Fruit Cup Cookies	Clam Chowder Pancakes, Sirup Sausage Tossed Vegetable Salad Apricot Halves	Chicken Rice Soup Banana Fritters, Sirup Broiled Bacon Pickled Beet, Egg Salad Sliced Peaches	Tomato Soup Ham Salad Sandwiches Lettuce Wedge 1000 Island Dressing Royal Anne Cherries	Beef Vegetable Soup Spaghetti, Meat Balls Cloeslaw Vienna Bread Fresh Fruit Cup	Muhsroom Soup Macaroni and Cheese Stewed Tomatoes Parkerhouse Rolls Blue Plums



Quother Jamous HOTPOINT FIRST!

It's the Calrod® Immersion Heating Unit that pours more heat, under better control, into Hotpoint fry kettles faster!

What can this exclusive Hotpoint development mean to you?
... Fat savings up to 60%!
... No transfer of food flavors!

Up to 50% more food production from the same size kettle!

... Grease-free, easily digested foods that build repeat business! ... Faster preheating and quicker recovery than any fry kettle you have ever owned!

See how far your present fry kettle is from these Hotpoint performance and profit standards by taking the simple "French Fry Test" shown below. Tests like this and hundreds of actual case histories prove you can count on Hotpoint fry kettles (the big HKG46, the medium HKG4 or the counter size HK3) to out-save and out-perform every fry kettle on the market today!

It's all because . . .

Hotpoint invented cooking the modern way!

Try This French Fry Test Yourself! TEST YOUR KETTLE HOTPOINT Does your fry kettle preheat to cooking temperature in less than 8 minutes? (Or 12 minutes for kettles of 60-lb. capacity and up?) (YES or NO) YES Does fat-thermometer reading show fat temperature within 8° of temperature set on control—both at the start end finish of your frying operation? 2 YES Can you cook 1 lb. of 1/6" french fries for every 5 lbs. of kettle fat capacity in 6 minutes at 365°? 3 YES At the end of 6 minutes are potatoes golden-brown, with that just-right taste, and grease-free? YES

Any NO above means you are not getting full Hotpoint standard performance. More than one NO means your deep frying profit and production picture may be seriously im-paired. For the remedy, call your nearest Hotpoint dealer or fill out the coupon at right.

FOOD SERVICE EXPERTS

HOTPOIN FIRST











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Commercial Equipment Dept. 129 So. Seeley Ave., Chicago	12, 111,	
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We're convinced! Please send a representative to tell us more.

Please send literature on Hotpoint Fry Kettles.

Title

HERES WHY-your best buy's STANLEY

VACUUM PITCH



SERVITOR



10 oz., 20 oz. capacky

EFFICIENCY - STANLEY UNBREAKABLE SERVERS keep beverages 20° hotter at the end of 2 hours, by actual test, than do ordinary servers. They eliminate troublesome "cold-coffee" complaints . . . assure your patients' complete satisfaction.

CLEANLINESS - STANLEY UNBREAKABLE SERVERS, with nickel-silver shells, stainless steel linings and wide mouths, are easy to sterilize and keep clean. All seams are air-tight, water-tight, and are never affected by live steam.

ECONOMY - STANLEY UNBREAKABLE SERVERS actually pay for themselves over the years, for there are no replacements. Breakproof, chip-proof, crack-proof, Stanley servers have extra-durable shells and hard-shouldered hinges. No costly repairs of spouts or handle insulators.

EASY UPKEEP-STANLEY UNBREAKABLE SERVERS are easily cleaned and sterilized without constant fear of breakage. A damp cloth is all that's needed to keep the exterior shining and lustrous.

APPEARANCE-STANLEY UNBREAKABLE SERVERS are finished in nickel, chromium or silver. Their rich styling and attractive design will add a note of luxury and refinement to your service.

No matter how many times a Stanley drops it will not break!



STANLEY INSULATING DIVISION

Landers, Frary & Clark, New Britain, Conn.



The U. S. Slicing representative can show your help the many cost-saving ways to use your slicing machine. Save labor—cut food waste—increase portions per pound.

N YOUR OWN KITCHEN, with your own help, your U. S. Slicing representative can show you how to get more time-saving, cost cutting service from your slicing machine. He can, for instance, show your help how to slice vegetables, fruits, melba toast, cheese, chicken and turkey breasts and many other foods in addition to hot and cold meats. He can show you how to prepare more appealing and appetizing portions per pound, how to reduce food waste and save time.

There's no obligation, of course. Your U. S. Slicing man is glad to offer this service as part of his job as member of the nation-wide U. S. service organization. He knows slicers and their uses and has a complete line of all types (16 models)—for every slicing purpose. It's just good business to put his knowledge to work for you. Send the coupon now.



U. S. Model 805 Slicing Machine

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I'd like to know how to get up to 90% jobs out of my slicing machine. Have tive show me.	
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Maintenance and Operation

PREVENTIVE MAINTENANCE

starts with the floor plans

WALTER E. LOVERING

Supervisor of Maintenance New England Baptist Hospital Boston

S OMEONE has said that preventive maintenance should begin when a building is first occupied. Actually it should begin in the architect's office while the plans are being drawn. Many headaches would be saved if the maintenance engineer was consulted, as he is the one who must live with the building when it is in operation.

IT IS NO SAVING

In many cases, the architect finds himself obliged to make cuts in facilities for maintenance in order to bring the cost of the project inside the amount of money appropriated, thus making a so-called saving. Often the reverse is true and the cost of future maintenance is excessive because of inaccessible locations or the necessity for the purchase of supplemental equipment. An example of this would be steam piping placed underground instead of in a room or tunnel where it is accessible for repairs or alterations. When this piping develops leaks, as it undoubtedly will (and it may have been going on for months), it is hard to determine where the leak is, and it may have to be by-passed by new piping placed above the floor.

Interior maintenance of buildings is of great importance from the standpoints of economy, protection of the structure, the general appearance of the hospital, and its influence on patients and visitors.

However, we are usually faced with the problem of caring for buildings already erected, and it therefore becomes necessary to organize, as best we can, a general plan for preventive maintenance to take care of some of the problems before they happen. Such a program must, of necessity, vary with each institution and the management must decide on the one best suited to its requirements, as no set program can apply to all.

The system in use at our hospital is roughly described as follows:

One floor of the hospital is selected and two patients' rooms are turned over to the maintenance department.

All furniture is removed and that portion of it which is to be refinished is sent to the paint shop. The housekeeper removes curtains and so forth, and the room is entirely empty.

All walls, ceilings and woodwork are washed, imperfections in plaster

are repaired, and the plaster is given a coat of primer and sealer, also one coat of flat paint and stippled with a roller.

Woodwork is given a coat of eggshell enamel (two where necessary).

Rubber wainscoting and floors are washed and given a coat of wax and polished.

Meanwhile, the furniture has been examined and repaired if necessary; casters have been cleaned and oiled; bed raising apparatus is checked and oiled, as are bedside and overbed tables.

We have concealed radiators in many rooms, and the fronts of these are removed and the space is vacuum cleaned

Faucets are checked for washers and loose handles and replaced where necessary.

Door hinges are oiled, doorknob screws are tightened, door holders are adjusted.

In fact, the rooms are given a thorough going-over, and then the furniture is replaced and the room turned over to the housekeeping department for final touches.

Two more rooms are then taken and the same procedure is followed.

ADMITTING DESK COOPERATES

It is, of course, necessary to work in close cooperation with the assistant administrator or the admitting office so that rooms are available. It often happens that assignment of rooms on a particular floor is impossible at the time desired by the maintenance department, in which case we move into a diet kitchen, utility room, corridor, toilet or other space until more patients' rooms are available, but with the cooperation of the assistant ad-



From a paper presented at the New England Hospital Assembly, March 1951.

DUA-LITE





New combination direct — indirect HOSPITAL UNIT

... for now or old construction

The newly designed Curtis "Dua-Lite" is the ideal hospital lighting unit for installation in private rooms or multi-bed wards. The "Dua-Lite" provides indirect illumination for general hospital room lighting as well as direct illumination for the patients' reading light. The cover glass for the indirect component is Securit tempered with Sterlux pattern. This cover glass, together with an efficient Alzak Aluminum reflector, softly diffuses the light from the 150-watt lamp throughout the room. A Fresnel lens is utilized to control distribution of the 75-watt lamp used for the direct component. There is an individual leveller switch control and a convenient outlet plug built into each unit. The housing is cast aluminum which is readily painted after installation to blend with the room interior.

Write for Curtis Bulletin 2416 for complete specifications and details.

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CURTIS

6135 West 65th Street Chicago 38, Illinois

ministrator's office, we can finish one floor before going to the next.

This system is followed not only in patients' rooms, but also for the nurses' home and dormitory buildings. Boiler house maintenance is taken care of by watch engineers who keep the area painted and neat and clean.

Safety measures are kept in mind and stair treads are examined for loose nosings and worn treads.

Laundry floors become slippery and, in our case, we found that by washing them with a weak solution of muriatic acid we were able to provide a nonskid floor without damaging concrete.

Incinerator chimneys have to be watched to see that spark arresters are in good repair. Linings should be inspected at least every year and all breaks should be repaired.

Ventilation hoods over kitchen ranges are vacuum cleaned and sprayed with fire resistive chemical every three months. The grilles of the air conditioning system are removed and cleaned and the ducts are vacuumed as far as possible.

We have adopted a code of colors for painting the various service pipes to make them easy of identification.

The foregoing arrangement provides for thoroughly cleaning and painting the interior of our buildings every three and a half to four years. In addition to this, the housekeeping department does a routine cleaning procedure each time a patient's room is vacated.

Many maintenance engineers ask, "How do you get the patients' rooms to work in?" and again we call attention to the cooperation of the assistant administrator's office, which is many times obliged to move patients and arrange admissions to make this possible. In this connection we might add that we have 227 beds and our average daily census is about 200.

We also have a part-time worker who is assigned to take a floor at a time and check for loose doorknobs, oil drawer slides in metal cabinets, check casters on furniture, see that screens are in position, and do any other similar jobs that need attention.

One of our carpenters took a course at an evening trade school on upholstery and furniture repairing and about 75 per cent of his time is now devoted to that kind of work. It has paid good dividends.

Another is a skilled cabinet maker who makes many special pieces of equipment, trucks and tables.

We have two men classified as gardeners, one of whom is a skilled welder and is extremely useful as such. Both of these men act as chauffeurs in addition to caring for the grounds.

The exteriors of the buildings require careful attention and should have yearly examination so as to remedy damage caused by winter conditions.

Flat roofs should be carefully checked for leaks in flashings at angles where expansion and contraction over a long period may have caused cracks, thus allowing water to enter. Modern construction should call for flashings to extend through the wall and turn up on the inside, but in older buildings or where flashings are put into reglets, they should be well pointed with an approved mastic compound.

Slate roofs should have all cracked or loose slate replaced.

Gutters are a source of considerable damage and should be given the attention of a competent roofer after each crop of ice and snow has disappeared. They should be cleaned of all accumulation of gravel and leaves.

Gutter hangers or supports become corroded and break, thus allowing the

YOURS for the asking!

TWO HELPFUL BOOKS

Every hospital will want the time-saving Kewaunee Book No.49—and the latest Kewaunee Catalog No. 50.



On every Hospital job you will find the Kewaunee Book No. 49 most helpful. Its 90 pages show the Kewaunee line of casework and cabinets—with 40 of the pages devoted to Floor Plans and Elevation Drawings.

Along with this Hospital Casework and Cabinet Book we will also send the No. 50 Kewaunee Catalog of Laboratory Furniture in wood or metal.

Book No. 49 shows the following Floor Plans: Laboratory, Pharmacy, Emergency Room, Delivery Suite, Radiographic Suite, Operating Suite, Cystoscopic Room, Fracture Room, Instrument and Sterile Supply Room, Nurses' Station, Floor Pantry, Dental Suite, etc., etc.

Book No. 50 contains 128 pages devoted to Laboratory Tables, Desks, Fume Hoods, Sinks, etc.

Your request on your Professional or Hospital Letterhead will bring you both helpful Kewaunee Books No. 49 and No. 50.

Sales Offices in Principal Cities



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Cleansers designed for hand-scrubbing cannot be expected to give the fast cleaning action required for machine-scrubbing. In an attempt to get floors thoroughly clean, the operator of a scrubbing machine using a slow-acting cleanser may resort to prolonged brush action, but that needlessly piles up mileage on the machine, increases labor costs, and prematurely wears out the brushes. To utilize the full cleaning capacity of your scrubbing machine—to get floors flim-free clean in minimum time—choose a cleanser that's specially made for machine-scrubbing. All Finnell Cleansers are. And there's a type for every need, including Finola, the Original Scouring Powder, for heavy duty scrubbing of smooth, hard-surface floors, and Setol, the mineral oil solvent for cleaning oily wood floors.

The Finnell Machine shown above is a COMBINATION SCRUBBER-VAC

for large-area, heavy duty scrubbing. Applies the cleaner, scrubs, rinses, and picks up — all in one operation. Cleans up to 8,750 sq. ft. per hour! Vacuum performs quietly. (Powder dispenses optional.) The machine is self-propelled. Can be leased or purchased.

For consultation, demonstration, or literature, phone or write nearest *Finnell Branch* or Finnell System, Inc., 1410 East St., Elkhart, Ind. Branch Offices in all principal cities of the United States and Canada.

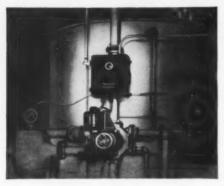
FINNELL SYSTEM, INC.
Originators of
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PRANCHES IN ALL PRINCIPAL CITIES

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PRODUCE a constant supply of zero-soft water

SAVE operator's time . . . lower operating cost

PROTECT your equipment from hard-water scale

These new automatic valves and controls are easily installed on your present water-softening equipment.

Automatic operation completely removes the human element from regeneration, saves costly man-hours of labor and maintenance.

ECONOMIZE WITH PERMUTIT'S NEW ZEOLITES

Replace your present mineral with one of Permutit's new, high-capacity zeolites.

They produce up to ten times as much soft water, 50% faster than previous minerals. They last longer between regenerations, lowering operating costs. They save you salt.

Write for further information to The Permutit Company, Dept. MH-10,330 West 42nd Street, New York 18, N. Y., or to Permutit Company of Canada, Ltd., 6975 Jeanne Mance Street, Montreal.



WATER CONDITIONING HEADQUARTERS FOR OVER 38 YEARS

gutter to sag and prevent the flow of water in the proper direction. These should be replaced, as failure to do so will allow an accumulation of ice to form and expand and find its way under the roof covering.

Wooden gutters should be given attention to see that joints are water tight.

Conductors are often neglected until the cost of repair becomes unduly large. It is often found that conductors from gutters on buildings with flat roofs have become clogged with gravel where the iron pipe enters the earthen pipe underground. This means that the conductor fills with water and in winter will freeze and burst, thus causing an expensive replacement.

It pays to watch the operation of conductors during a storm, and if any give evidence of improper functioning, get after them at once. Often it has been found that by disconnecting the conductor where it joins the iron leader pipe, the use of a plumber's snake will remove obstructions. In some stubborn cases, the use of hydrochloric acid will help.

All outside woodwork should be painted at least once every four years (three years is better). In this connection I might add that when we have found by experience that a paint (or any other product) is of a quality to give us the results we require, and the price is right, we usually stick to that product and are slow to change.

In giving a description of our maintenance department we should call attention to the value of keeping records of our activities. This is done by providing a card for each room upon which are recorded the date and kind of work performed. We also have a card for each piece of equipment giving its characteristics and a record of maintenance.

We have a 227 bed hospital and our maintenance crew consists of the following:

- 1 Cabinet maker
- 1 Upholsterer
- 2 Carpenters
- 4 Painters 2 Electricians
- 2 Mechanics (with 3d class
- licenses)
 2 Gardeners
- 2 Gardeners

14 on maintenance

In addition we have a chief and four watch engineers, and four night watchmen, making a total of 23 for the complete department.



Adlake Aluminum Windows

Lowis J. Servis, Architect---Bryant & Detweller, Contractor

Patients in Ann Arbor's new Maternity Hospital will not be bothered by the weather outside, thanks to ADLAKE's exclusive combination of woven-pile weather stripping and patented serrated guides. They'll be assured of minimum air infiltration and absolute finger-tip control for the life of the windows—and the windows will last as long as the building itself!

What's more, ADLAKE Windows require no maintenance whatever, other than routine washing. And through this saving in maintenance costs, they ultimately pay for themselves!

Find out the facts about the economy and lifelong dependability of ADLAKE Windows! Drop a card to The Adams & Westlake Company, 1105 N. Michigan, Elkhart, Ind. No obligation, of course.

ADLAKE Aluminum Windows Have These "Plus" Features

Patented Serrated Guides • Woven-Pile Weather Stripping No Painting or Maintenance • Finger-tip Control No Warp, Rot, Rattle, Stick • Ease of Installation Minimum Air Infiltration



THE Adams & Westlake COMPANY

Established 1857 . ELKHART, INDIANA . New York . Chicago

Operation Sanitation

(Continued From Page 53)

without due and proper authorization. In a daily record book he enters the date that each container of wax, for instance, is received, the date it is opened and the amount it contains. Then follow a record of all withdrawals and the amount left after each issuance, and, finally, the date on which the contents are used up.

In the stockroom, cleaning powders are weighed and packaged in advance. The housekeeping foremen know how much each man should need for a week's supply, and if someone uses more than the estimated amount, questions are asked and an investigation is made to see how much material he is using and whether he needs retraining.

To this room, too, all cleaning equipment—every broom and bucket, every vacuum sweeper and floor machine—must be returned. Other departments, to which such machines are issued on loan, are required to return them once a week for cleaning and repairs. The department head who fails to appreciate the need for this weekly check is enlightened by Mrs. Boyer with a few brisk words about the absolute necessity for protecting government property.

The stockroom is notable for some ingenious contrivances thought up by Sam Wilkerson and his fellow workers to keep equipment in good condition at little or no cost. For example, a discarded 55 gallon drum that had contained cleaning material was sawed in half and a spigot was attached. It is used for soaking the accumulated wax from the circular steel wool pads of the waxing machine. Formerly, those pads were discarded after they had become saturated; now they are cleaned up and reused. A small washing machine is used to wash rags and wet mops. This is done every day, and the rags and mops are then hung up to dry. Thus complaints-all too common in housekeeping departmentsof evil smelling mops are eliminated, and the life of this equipment is considerably prolonged.

Venetian blinds are washed in a double tank set up at one end of the room. One tank holds a neutral cleaning solution, the other contains clear rinse water. With this equipment the employe can clean a venetian blind in just five minutes. The preparation of the solution, incidentally, is the responsibility of one man. No one else is allowed to touch it.

To facilitate the cleaning of screened windows, Sam devised a win-

dow prop that would keep the screen open without punching holes in it. It consists of two pieces of wood fitted together in the shape of a T-square. At either end of the crosspiece is a wood slot which fits the base of the screen and holds it firmly while the window is being washed.

The inventive fever has gripped Mrs. Boyer, too. Her contribution, on

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A check list is kept for every member of the hospital's custodial staff.



 Hospital reception room like this, painted according to COLOR DYNAMICS, promotes confidence and rood will.

Pittsburgh COLOR DYNAMICS

contributes to greater hospital efficiency these four ways...

- 1. aids convalescence
- 2. relieves eye fatigue in operating rooms
- 3. increases efficiency of nursing staff
- 4. reduces housekeeping problems

HOSPITAL EXECUTIVES are becoming increasingly aware of the benefits when color is used for functional as well as decorative purposes.

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- This unique system of painting is based on the scientific use of the energy which color possesses. Certain colors or combinations of colors stimulate or relax, others cheer or depress.
- By using COLOR DYNAMICS, patients' rooms have been painted in

colors that enhance comfort and morale. Color in operating rooms relieves eye fatigue and lessens nervous tension of surgeons. Proper application of receding color reduces the feeling of claustrophobia in labor rooms.

Proper colors at nurses' stations promote alertness and efficiency, Hospital offices and living quarters of resident staffs are made more congenial and suitable for their particular functions. By the purposeful use of color in reception and waiting rooms, those who wait derive confidence and encouragement. Housekeeping and maintenance problems are simplified and lessened.

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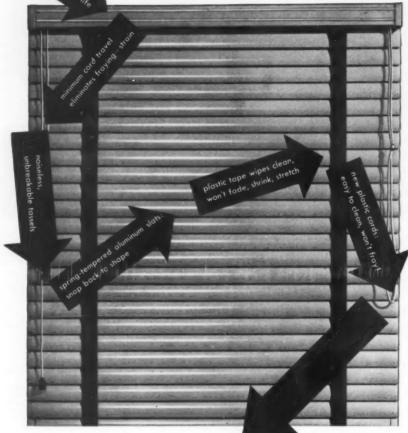
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Here's the venetian blind you've been waiting for . . . a blind that's years ahead of the rest! It's not just the way the all-Flexalum blind looks . . . with its graceful slim top bar and rigid tubular bottom bar. It's the way it acts to cut your operating costs to a minimum. The all-Flexalum

blind cleans more easily, lasts longer, needs fewer replacements. What's more, one and only one reputable manufacturer is responsible for every part of your all-Flexalum blind—a fact that assures you of top quality—top to bottom. Don't take less than the all-Flexalum venetian blind.

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Goodall Fabrics



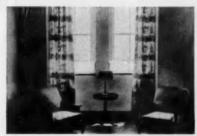
Goodall Fabrics upholstery and draperies bring living room luxury to this beautifully decorated recreation room in the Nursing Staff Residence Hall.



Hospitals Everywhere Get Longer Service, Lower Maintenance, Richer Beauty with Goodall's Specialized Hospital Fabrics

Goodall Draperies Goodall Uphoistery Goodall Slipcovers Goodall Cubicles Goodall Casements Goodall Bedspreads Goodall Fabrics play an important role in providing a quieter, modern atmosphere in more and more economy-minded hospitals like the Harkness Pavilion. Aside from the therapeutic value of Goodall's colors...their smart designs and luxurious textures give hospital rooms the feeling of a beautifully appointed home.

Goodall Fabrics are Blended-to-Perform: a variable blend of Angora Mohair for resilience and texture, rayon for subdued lustre, wool for body, and cotton for durability. This Goodall blending means real economy in colors that keep their freshness through countless washings and cleanings...easier upkeep...longer wear.



Cheerful Goodall Fabrics draperies and upholstery ease waiting hours in the reception room of the Babies' Hospital Unit of the Presbyterian Hospital.

Elegant as well as practical, Goodall Fabrics upholstery and draperies lend color-coordinated beauty to one of the reception rooms in Harkness Pavilion.



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which she is still working, is a guard for windows at ground level to keep them from being splattered with mud during a rainstorm. Her idea is to install a removable ventilator, made of painted tin, on the outside of the window. It would be set in at approximately a 45 degree angle and raised 1/2 or 3/4 of an inch above the window sill. She believes that the rain, after striking the ground, would bounce against the ventilator and run down through the space provided for drainage instead of bouncing against the window, bringing mud and dirt with it. It is much easier to wash a ventilator than it is to wash a windowand when one has to consider the maintenance of 6729 windows, every little hit helps

In addition to those 6729 windows, the housekeeping department's responsibilities include maintenance of all public spaces, offices, clinics, corridors and latrines in Walter Reed Hospital: entire (corridors and offices) Reconditioning Building; entire (clinics, offices, corridors) Outpatient Building; all (offices and corridors) of Building 80; all public spaces, in the bank; corridors, public spaces, and offices in the neuropsychiatric buildings; all (clinics, offices, corridors) in the new neuropsychiatric outpatient

Because of regulations which require that daily maintenance of the wards is to be done by medical corpsmen and ward attendants under the jurisdiction of the nursing department, the daily maintenance performed by the housekeeping department stops at the entrance to the wards. (In army parlance, it should be explained, a ward" is equivalent to a "division" in a civilian hospital-that is, it includes private and semiprivate rooms as well as open wards.) At the request of General Streit, however, the housekeeping department has been requested to undertake a program of over-all cleaning of the 37 wards at three-month intervals, so a flying squad, consisting of a foreman and four custodians, has been trained for this purpose.

Another flying squad handles the over-all night cleaning of the nine clinics in the hospital building: dental, eye, x-ray, physical therapy, radiation therapy, genito-urinary, ear, nose and throat, EKG, cardiology, and vascular. These clinics comprise an area of 40,484 square feet, and keep the four men and their working foreman busy. Each man is trained to do all operations (cleaning, dusting, wallwashing and so on) so that he can be used in any position. A schedule listing all operations is used by the foreman who checks off each part of the work as it is completed. When each clinic has been cleaned, he fills in the information and signs his name. The work is then inspected by the assistant housekeeper, and the report is filed. This is in addition to day service which is given routinely.

The maintenance of such an establishment as Walter Reed Hospital, to say nothing of meeting the army's rigid standards of sanitation, is not without its problems and headaches. No day passes without at least one behind-the-scenes crisis, but each one somehow seems to be met. General Streit and Mrs. Boyer can at least take comfort in the knowledge that everyone who enters the hospital, from the President of the United States right on down to the visiting reporter, takes away a happy impression of cleanliness and order, without realizing how it has been achieved. And therein lies the secret of good housekeeping.





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FLOOR-SAN has been improved so that no matter how hard the water you use may be, there is no soap scum or hard water curd formed. That means the "ring around the bath tub" and the film that dulls your floor or walls is banished. Floor-San now contains complete water hardness controls. There is no undesirable reaction with hard water. None of the cleaning power of Floor-San is lost, It's safe on any surface that will stand water ... and it's a safe bet that Floor-San will save many cleaning dollars. Try it.



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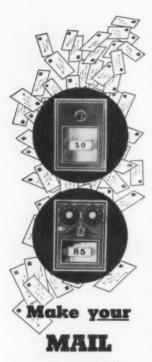
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For more detailed information—or for a complete plan and elevation of a Corbin Lock Box installation based on your requirements—please use the coupon below.



BUILDING CODES

(Continued From Page 71)

because we have in the United States sharp regional and climatic differences. In fact, a national building code is probably undesirable. M. L. Clement of the Southern Building Code Congress states that much wasted construction money can well be placed on the doorsteps of the advocates of a national building code.

SOUTH MAKES PROGRESS

Let us look more closely at the work of Mr. Clement's regional group. The Southern Building Code Congress has hammered out a code that has been adopted by about 250 cities and towns, from Norfolk, Va., to the Rio Grande Valley. (The Pacific Coast Building Code is in use by 550 jurisdictions, the National Board of Fire Underwriters' Code, by some 250, and the Building Officials Conference of America Code, by some 35 jurisdictions.)

The southern building code is of the performance type. "It will save general construction costs in the South up to 28 per cent over any other code," Director Clement says. He illustrates with the fact that the southern code permits the architect, designer or builder to take full advantage of new developments in wall partition, floor and roof assemblies. By the use of such assemblies the loads over the entire structure may be reduced—thus reducing costs.

Most old descriptive codes require that exterior walls shall be "of not less than 12 inches in thickness oslid masonry construction." The southern code permits, among others, "light steel framed brick veneer-walls," (with 1 inch air space and 7/a inch fire retardant board or plaster on the inside). Under actual test this building method gives the same fire resistive rating as a 12 inch brick wall but costs a fraction of the price of brick construction.

CAN'T AFFORD LUXURY OF WASTE

The impact of defense was mentioned earlier. The implication is obvious. Defense industries are taking large bites out of the civilian materials supply. The nation today cannot afford the luxury of wastage of materials frequently imposed by codes. In the words of Richard U. Ratcliff, research director of the Housing and Home

Finance Agency: "In the interests of national defense it has become necessary to modify the requirements of building codes or otherwise provide for the use of acceptable substitutes for critical materials. Local building departments should be flexible, so that emergency problems can be handled effectively within the present administrative framework of these local agencies without injuring their peacetime effectiveness."

All this means that the interests which have zealously protected the building codes are being jogged. It means also that the feeling is growing throughout the country that something can be done to modernize the building codes. In such a climate the hospital administrator can move with effectiveness toward taking leadership for code revision. Here, specifically, are six things he can do.

WHAT HOSPITALS CAN DO

 Find out the facts about your own municipal and hospital building code —its age, clarity of contents, and philosophy.

Get to know the local building officials who are responsible for administering the building code. Joseph H. Reed of the Housing and Home Finance Agency says that the big trouble with today's codes is not lack of technical data but lack of good administration. The hospital administrator can support all efforts to strengthen the local municipal building department—which is, or should be, the sole authority for the administration of building codes.

 Suggest to your local, state and national hospital organizations that building codes be scheduled as a topic for discussion during meetings and conventions.

Become familiar with the work of your regional building code organizations.

 By letter, talks and informal contacts, keep telling state authorities that hospital building regulations should keep abreast of latest developments in construction.

6. Write for a list of published materials on building regulations to the National Bureau of Standards, Washington 25, D.C. One of these publications, "Preparation and Revision of Building Codes" (15 cents), by George N. Thompson, should be in your files. It gives facts for use of local committees charged with preparing or revising building codes.



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BUILDING and OPERATING MATERIALS

(Continued From Page 84)

in connection with the approved project, of (a) building equipment and building materials (other than controlled materials) not to exceed the dollar amount indicated, and (b) for production equipment and machinery not to exceed the dollar amount indicated. Production equipment and machinery means Group I Equipment not included in the general contract, plus Group II and III equipment.

13. Correspondence and inquiries. Address correspondence or inquiries regarding this program to:

(1) State hospital planning agency or state health department in your state.

(2) Public Health Service, Federal Security Agency, regional office for your area.

(3) Division of Civilian Health Requirements, Public Health Service, Federal Security Agency, Washington 25, D.C.

Government Control Number. The "HM- ——" number appearing under Item 1 of Form CMP-13 should be used in correspondence or inquiries by all applicants when referring to their projects.

How to apply for exception to or relief from restrictions of an existing N.P.A. order or regulation.

Examples of such restrictions are restrictions in the brass order which prohibit the use of chromium plated brass pipe leads from the floor up to the plumbing fixture connection, restrictions on the use of copper or aluminum flashing on a building, restrictions on the use of stainless steel in certain cabinets, working surfaces, kitchen equipment and the like.

1. File Form NPA F-214-A with the Division of Civilian Health Requirements, Public Health Service, Washington, D.C. These forms can be obtained from U.S. Department of Commerce field offices, state agencies administering Public Law 725 (Hill-Burton Hospital Survey and Construction Program) and Public Health Service regional offices.

Form must be filled out completely and accurately and should be supported by a letter giving complete details as to why you think an exception should be granted.

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at no extra cost to you!

Costs no more than any comparable hard milled scap!

Your patients and personnel will appreciate the extra protection that Dial gives them. For Dial contains AT-7 (Hexachlorophene)—the first and only bactericidal ingredient that stays antiseptic in soap. Washing daily with Dial Soap removes up to 95% of the bacteria present on the skin . . . keeps the skin remarkably clear of the bacteria that often aggravate and spread pimples, surface blemishes, etc. Important, too, is the fact that Dial Soap lasts longer than many other soaps!



Tests by eminent medical research authorities have proved that Dial's antiseptic agent gets the skin amazingly clean of bacteria. In fact, Dial, used regularly, has a cumulative effect—protection increases with repeated use. This is why more and more hospitals, as well as doctors and nurses, are changing over to Dial Soap. They get extra protection, and they like Dial's extra mildness and fragrance, too!

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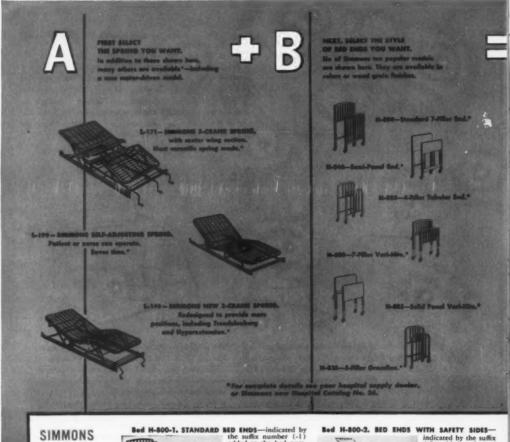


For surgical scrub-up many hospitals use Formula No. 99. This 20% liquid hand soap contains 5% hexachlorophene, based on soap content. Formula No. 99 is an extremely effective antiseptic soap, and is highly recommended for use in the surgical scrub-up. Scientific tests have proven that the surgeon who scrubs his hands regularly with a soap containing hexachlorophene removes, in only six minutes, one hundred times more bacteria than so one using the conventional twenty-minute scrub-up with regular hospital soaps, followed by germicidal rinse. Formula No. 99 Liquid Soap is available in 5, 30 and 55 gallon steel drums.



More hospital tested products

SIMMONS simple ABC method

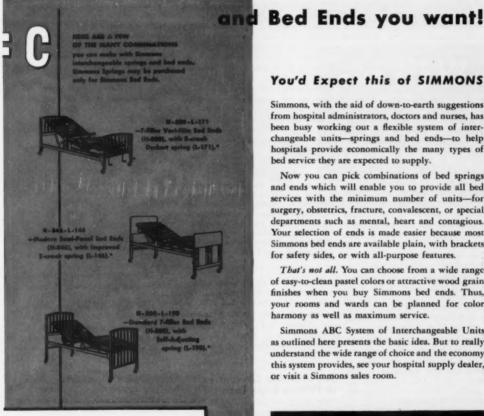


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Bed H-800-2. BID ENDS WITH SAFETY SIDES—indicated by the suffix (-2) added to the bed number. Equipped with special brackets for H-86 and H-46 Safety Sides. These safety sides operate revertical plane. End guard rails may be attached to safety sides.

makes it easier to pick the springs





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Simmons, with the aid of down-to-earth suggestions from hospital administrators, doctors and nurses, has been busy working out a flexible system of interchangeable units-springs and bed ends-to help hospitals provide economically the many types of bed service they are expected to supply.

Now you can pick combinations of bed springs and ends which will enable you to provide all bed services with the minimum number of units-for surgery, obstetrics, fracture, convalescent, or special departments such as mental, heart and contagious. Your selection of ends is made easier because most Simmons bed ends are available plain, with brackets for safety sides, or with all-purpose features.

That's not all. You can choose from a wide range of easy-to-clean pastel colors or attractive wood grain finishes when you buy Simmons bed ends. Thus, your rooms and wards can be planned for color harmony as well as maximum service.

Simmons ABC System of Interchangeable Units as outlined here presents the basic idea. But to really understand the wide range of choice and the economy this system provides, see your hospital supply dealer, or visit a Simmons sales room.

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NEWS DIGEST

Gordon Gray Heads Hospital Care Study . . . Select Auxiliaries Report Winners . . . Hospital Exhibitors Elect Officers . . . Ray E. Brown to Direct University of Chicago Course . . . Check List for Dietitians . . . Win Minnesota Awards

Gordon Gray Heads Independent Commission to Launch A.H.A.'s Two-Year Hospital Care Study

appointed chairman of the independent Commission on Financing of Hospital Care which is undertaking an intensive two-year program for the American Hospital Association. It will study the best means of providing high quality to the public.

The announcement was made by Dr. Charles F. Wilinsky, president of the association, at house of delegates' meeting at the association's 53d annual convention here

A former lawyer and publisher, Mr. Gray was secretary of the army from June 1949 to March 1950, when he was appointed temporary special assistant to the President to prepare a report on foreign economic policy. Currently he is on special assignment by President Truman as director of the Psychological Strategy Board. He has been president of the University of North Carolina since 1950.

Contributing funds to meet the halfmillion dollar commission budget are the John Hancock Mutual Life Insurance Co., the Health Information Foundation, the Milbank Memorial Fund, the National Foundation for Infantile Paralysis, the Rockefeller Foundation and the W. K. Kellogg Foundation. There are additional anonymous contributions.

The study will answer basic questions relating to the quantity and quality of hospital care, the sources of services, component parts of the cost of care, and the systems of distribution and payment for care, Dr. Wilinsky said.

Among the objectives sought by the study are: (1) evaluation of the current financial position of hospitals; (2) determination of the need and demand for hospital services; (3) analysis of the effect of medical practice on hospital costs; (4) establishment of means for obtaining needed high quality hospital service at the lowest possible cost; (5) evaluation of systems of payment for hospital care; (6) investigation of

Sr. Louis.-Gordon Gray has been methods of facilitating the most effective utilization of hospital resources, and (7) preparation of recommendations for accomplishing changes which appear desirable as a result of this study.

A pilot study will be made in North Carolina as part of the national study to hospital care at the lowest possible cost determine these four things: the adequacy of existing hospital facilities, whether related health services meet the needs of the population, what steps should be taken to strengthen present services, and best methods of financing these services. North Carolina was chosen since necessary information on

CORRECTION

In the Convention Digest mailed from St. Louis following the American Hospital Association convention last month and appearing opposite page 64 of this issue, convention registration was erroneously reported as 7000. Actually, registration reached 8500, an all time high.

hospital costs is readily available, and groundwork was laid previously by studies conducted in that area.

Graham L. Davis, director of the division of hospitals of the W. K. Kellogg Foundation, Battle Creek, Mich., has been appointed director of the study.

San Francisco Convention in 1953 to Begin Early

ST. LOUIS.-In announcing Philadelphia as the A.H.A. convention city for 1952. George Bugbee, executive secretary, promised a greater supply of hotel rooms than St. Louis was able to furnish.

The 1953 convention city is San Francisco. The dates will be pushed foward so that families can take their children to the West and still get home in time for the beginning of school. The meeting will open the Monday before Labor Day, Mr. Bugbee indicated.

10 Point Check List for Dietitians, Administrators Set Forth by Mrs. Kusner

ST. LOUIS.-A check list for hospital dietitians and hospital administrators to consider together was given at the dietetics section meeting of the A.H.A. convention by Mrs. Cora E. Kusner, director of dietetics at Colorado State Hospital, Pueblo. The 10 points in the check list are:

1. Is your dietitian given a place on the administrative team? Has her performance been such that she merits this

2. Does the dietitian have a written analysis of her job?

3. Is there direct contact between the patient and the dietitian and the dietitian and the doctor? If not, how can it be arranged?

4. Is there a diet manual in use at your hospital?

5. Does your dietitian maintain written work schedules for employes, such as standardized recipes and work orders?

6. Is the department so organized that there is adequate supervision during all working hours?

7. Do you have a systematic method of repair and replacement of equip-

8. How long since you have made a comparative study of salaries of good service workers in your locality? Do you pay enough to get "trainable" workers and is the dietitian good at training them?

9. What is the extent of the dietitian's interest in dietetic activity outside her job?

10. What is in the dietitian's professional library? Does she use it?

Preceding Mrs. Kusner on the program, Margaret Gillam of the A.H.A. staff read the paper prepared by Dean Charles E. Prall of the school of education, Woman's College of the University of North Carolina. Dean Prall had directed the A.H.A. field studies on the work of the hospital dietitian, particularly in smaller hospitals.

A postinternship in department man-



The Ritter Universal Table, Model B, Type 2, is an extremely flexible table for use in the modern hospital. Designed to meet the needs of the general practitioners or specialists in such fields as gynecology, urology or proctology. The Universal Table includes as standard equipment adjustable headrest, perineal cut-out, irrigation pan, adjustable knee rest, stirrups and hand wheel operated tilt mechanism. Motor-elevated, the table moves quietly, smoothly from a low position of 261/2" to a maximum height of 441/2". Rotates 180°. Sturdy base prevents accidental tilting. Easily adjusted to any relax on resilient sponge rubber cushions.

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To assist in operative procedures, optional equipment, at additional cost, includes arm board support, ether screen, shoulder supports, wrist restraints, knee crutch set, and strap hanger crutch set.

Ask your Ritter dealer for a demonstration of the new Ritter Universal Table.



NEWS...

agement is the need of most head dietitians. Dean Prall found in his studies. He would favor such an internship after three to five years' experience on the job.

The educator suggested that the hospital administrator learn about his dietitian's problems firsthand by visiting the main kitchen in the first hour of the work day and keeping his eyes open. After forming an opinion, he should give the dietitian advice, if she needs it, in an unobtrusive manner.

Dean Prall found that large hospitals corner the supply of dietitians, leaving too few for the small institutions. In the middle sized hospital, the therapeutic dietitian's job is often only a half-time job. A lay assistant dietitian may well assume some of the jobs of the chief dietitian in these cases so that the chief dietitian can manage the therapeutic diets. To make the most out of a lay assistant, the hospital should allow her to attend institutes.

Margaret L. Mitchell of Cleveland, vice president of food production for the Stouffer Corporation, thinks hospital dietitians may place too much emphasis on the nutritional aspects of hospital diets and not enough on the cooking so that the food will be palatable and consumable. To get the average hospital cook to respect the written recipe and to stimulate her interest in the job, she suggested a Best Recipe Contest in the kitchen

Use of one modular size throughout the kitchen will give better assurance that the first step in any process can be started with the same pan or tray that will go right through to the final stepwithout any need of transferring, E. R. Kingsbury, planning director of L. S. Ayres and Company, Indianapolis, told the dietetics section.

If modular equipment is used, a specified size of tray, rack or pan readily will fit the related refrigerators, shelves, ovens, trucks and storage cabinets.

Mr. Kingsbury suggested a standardized module of 14 by 18 inches, the size of the most commonly used cafeteria service travs.

Modular methods are not limited to new kitchens or complete remodeling jobs, he said. "Just keep sizes in mind whenever you buy replacement equip-

At present, no official modular size has been adopted by the manufacturers or users of equipment. A committee is working on this, in conjunction with the American Standards Association.

Psychologist Approves Administrator of This Type

ST. LOUIS .- An efficient hospital administrator from a psychologist's point

1. Reads silently 500 words a minute: this will allow him time to do other

2. Needs to be a good speaker.

3. Should be a good parliamentarian, able to carry along a good group discussion and to skim the cream off it.

4. Must be healthy. Most administrators work too hard and don't play enough.

5. Should be interested in persuasion, so that he can influence his board, nurses, doctors and patients.

6. Should carry in his heart throughout his life the concept of God.

Following up the last point, Dr. lames F. Bender, director of the National Institute of Human Relations, who gave the Bachmeyer address at the American College of Hospital Administrators' meeting, said:

"If we have the will to mature, the yearning to make ourselves and others helpful, if we want more community support for our hospital, greater peace among members of our staff, let's ask for it. The affirmative way is the finest kind of prayer-seeing beauty in life, seeing nobility in others.

"The good administrator takes each person as he is and expects great things of him. No individual has reached his ultimate possibilities."

Auxiliaries' Annual Report Winners Are Selected

St. Louis.-Bethesda Hospital Women's Auxiliary in Hornell, N.Y., received the prizewinning certificate among Group I contestants in the second annual best annual report competition

The auxiliary at Kenosha Hospital, Kenosha, Wis., won the Group II award for a combined yearbook and annual report.

There were 59 entries.

Honorable mention certificates in Group I went to the Ladies Auxiliary of Shelton General Hospital, Shelton, Wash.; St. Catherine's Hospital Auxiliary, Kenosha, Wis., and Shawano Municipal Hospital Auxiliary, Shawano, Wis.

Honorable mention certificates in Group II went to the Mothers' Aid of Memorial Hospital Auxiliary, Rockford, N.Y. Mr. Noel was reelected.

Ill., Norwood Hospital Women's Aid. Norwood, Mass.

In Group III no award was made because of the small number of entries. One honorable mention went to the Women's Board of Presbyterian Hospital. Chicago.

Ray E. Brown to Direct University of Chicago Course

ST. LOUIS .- Dr. A. C. Bachmeyer, director of the University of Chicago Clinics, is retiring as director of the university's hospital administration program. His successor as director of the course is Ray E. Brown, superintendent of the University of Chicago Clinics.

At a breakfast meeting of the University of Chicago hospital administration alumni here September 18, it was announced that an alumni fellowship has been created and will be awarded to a student enrolled in the hospital administration course at the University of Chicago. Preference will be given to students who have had previous hospital experience.

It also was announced that James C. Taylor, administrative resident at the General Rose Memorial Hospital at Denver, will receive the \$50 award given annually by Mrs. A. C. Bachmeyer to the student who wrote the best written article during the previous year.

New officers elected are: president, Sister Adele, administrator of St. Francis Hospital, Pittsburgh; secretary, Yellena Seevers, executive assistant of the American College of Hospital Administrators, Chicago, and treasurer, Richard Johnson, administrative assistant at the University of Chicago clinics.

Hospital Industries Group Elects Officers for 1950-51

St. Louis.-Charles Pain, president of Will Ross, Inc., Milwaukee, was reelected president of the Hospital Industries Association at the annual meeting here September 18. Roger C. Wilde of Simmons Company, Chicago, is the new vice president, and Howard Baer, president of A. S. Aloe Company, St. Louis, is secretary-treasurer of the association.

Named as directors are: James Dyett of Hard Manufacturing Company, Buffalo, N.Y.; John Egan of S. Blickman, Inc., of Weehawken, N.J., and Victor Chicago Lying-in Hospital; Rockford Noel of Ritter Company, Inc., Rochester,

AT THE BEAUTIFUL NEW St. Jukes IN SAGINAW



ARCHITECTS: Schmidt, Garden and Erikson, Chicago
PIPING CONTRACTORS: Distel Heating and Ventilating Co., Lansing

One of 1951's most impressive new hospitals is the handsome new St. Luke's of Saginaw, Michigan—an outstanding example of beauty combined with functional design. One of its many modern features is an extensive oxygen piping system—which uses NCG equipment exclusively. The pictures below provide a pictorial tour of some of the principal areas served by the central oxygen supply.



Central oxygen supply in basement consists of a 20-cylinder NCG manifold with automatic control. Manifold can be extended should oxygen requirements increase.



The beautifully appointed St. Luke's nursery has NCG station outlets equipped with safety-keyed couplers for quick, safe connection of oxygen therapy apparatus.



Arrow indicates outlet in children's ward.



View of semi-private room.



One of St. Luke's recovery rooms.

NCG's wide experience in the installation of oxygen systems can be of genuine help to you in ascertaining how this modern form of oxygen distribution, with its unsurpassed convenience and long-term economy, can be applied to your hospital. NCG will gladly survey your needs, whether for new or existing construction, and submit recommendations and estimates without cost or obligation to you.

Since it can be done so easily, why not get the facts and figures? A brief letter indicating your interest is all that is necessary.



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NEWS...

Eckert Stresses Volunteers' Rôle in Disaster Planning

ST. LOUIS.—Volunteers can play a useful rôle in disaster planning, Anthony J. Eckert, administrator of the general hospital at Perth Amboy, N.J., told the women's auxiliaries, but they must realize the following points:

 Their services must necessarily be limited in scope.

They must accept routine assignments cheerfully. They can replace paid employes whose knowledge of the hospital will permit them to assume a higher grade of duty during the emergency.

They will be sure to reject all assignments that carry more responsibility than they are able to bear.

 They will be sure they thoroughly understand instructions given them before they attempt to carry them out.

They should get a breakdown of the special skills to be found among the membership.

 They should not make merely a paper plan for disaster service; they must follow through on it.

Mainguy and Irons Win Minnesota Class Awards

ST. LOUIS.—James W. Mainguy of the British Columbia Hospital Insurance Service and Edward D. Irons, business administrator, Taft State Hospital, Taft, Okla., were announced as winners of the Hamilton awards for class of 1951 graduates of the University of Minnesota course in hospital administration at a luncheon meeting here during the A.H.A. convention.

New president of the alumni group is Telmer O. Peterson, staff consultant, James A. Hamilton Associates. William Waite, assistant administrator, Pennsylvania Hospitals, Philadelphia, was elected secretary-treasurer, and Ronald Jydstrup, instructor in hospital administration, University of Minnesota, alumni librarian.

Hospital Insurance in Australia Is Explained

ST. LOUIS.—In Australia only 3 per cent of the population is not covered by voluntary health insurance, Sir Earle Page, the minister for health, told an A.H.A. convention audience. The government is now trying to induce the

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With CCC*



This new hospital was recently completed at Flint, Michigan. *Smooth Ceilings System was used throughout . . . helped hold the cost down to only \$9,000 per bed!

Similar economies have been reported an building projects involving schools, hospitals, industrial plants and office buildings throughout the country. Wherever once used, SCS is specified again and again. Architects like its adaptability and excellent stress distribution. Constructors like the simplified construction with fewer concrete forms and easier interior finishing. Owners like its economy, its space-conserving features, and the spacious, un-cluttered interiors its use permits.



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NEWS...

them as a group.

Sir Earle reported that Australia has a plan resembling our Blue Cross program except that the voluntary insurance organizations get governmental grants-in-aid to overcome inequities; for example, the government takes care of the cost of drugs. The new wonder drugs are free to all the people of Australia, and this also includes insulin and adrenalin.

various insurance companies to cover might abuse this privilege and prescribe drugs when they were actually not needed. However, the scheme has been in operation for a year and has cost no more than the original estimate. Sir Earle believes this has happened because the government has put the responsibility on the shoulders of the medical profession.

The Australian indigent who cannot come into the voluntary insurance scheme is provided with domiciliary At first it was feared that the doctors treatment added to his old-age pension.

George Hendrix Heads Planning Agency Group

St. Louis.-The Association of Hospital Planning Agencies elected as its new president George K. Hendrix, chief of the Bureau of Hospitals, Illinois Department of Public Health. He succeeds Dr. John J. Bourke, executive director of the New York State Joint Hospital Survey and Planning Commission.

Other officers are: first vice president. Anthony J. Borowski of Ohio; second vice president, Herbert Moe of Colorado, and secretary, Gordon R. Cumming of California.

New members of the board of directors are Dr. Bourke, Paul A. Hackney of Kentucky, Foster L. Fowler of Mississippi, V. G. Probst of Texas, and Paul A. Nielsen of Washington.

The Association of Hospital Planning Agencies, which was organized in 1949, represents state agencies administering Public Law 725, the Hill-Burton hospital survey and construction program on the state level.

At a session here September 16 Edna Nicholson, director of Central Service for the Chronically Ill, Chicago, discussed what state agencies should do to provide facilities for the chronically ill. The responsibilities of a state licensing agency with relation to medical records, financial reports, and medical staff organization were outlined by Dr. A. Daniel Rubenstein, director of the Division of Hospital Survey and Construction for Massachusetts.

Other speakers were Louis Block, program coordinator of the Division of Medical and Hospital Resources, Public Health Service: Dr. E. T. Thompson. program director of Public Health Service Region III; Dr. Clarence E. de la Chapelle, associate dean of the New York University Post-Graduate Medical School; Graham L. Davis, director of the Commission on the Financing of Hospital Care, American Hospital Association, and Charles G. Lavin, assistant chief of the Division of Civilian Health Requirements, Public Health Service.

Dedicates New Wing

POINT PLEASANT, N.J.-Dedication of the new wing of Point Pleasant Hospital here was held recently. The wing, which cost \$376,000 to build, increases the bed capacity from 50 to 100 beds. The hospital now has two operating rooms, two delivery rooms and two labor



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Above: St. Vincent's Hospital, Bridgeport, Conn. Green Kalistron wainscoting. Aschitect-Fletcher Thompson, Inc.

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NEWS...

Lack of Assistants Is Uneconomical-Brown

ST. LOUIS. - Failure to provide the administrator with an adequate staff of assistants is uneconomical in the long run, Ray Brown, superintendent of the University of Chicago Clinics, told the final general session of the American Hospital Association here last month. Governing boards are not solely responsible for lack of an adequate administrative staff. Mr. Brown added: often it is the administrator himself who fails said in an address at the same convention

to recognize the need for assistants. Effects of inadequate or wrong per-

formance of administrative functions are not immediately apparent, Mr. Brown said. By the time such effects do show up, a great deal of damage may have been done.

Training of supervisory personnel in the fundamentals of human relations is the most important phase of administration, O. C. McCreery, director of training for the Aluminum Company of America, session. Technical and production problems have given way to problems of human relationship in our society, Mr. Mc-Creery stated; research in personnel organization and human relations must now catch up with technological research, he declared.

Architects Discuss Problems of Design, Defense, Safety

ST. LOUIS.-Meeting here last month in connection with the American Hospital Association convention, a conference of hospital architects discussed problems of supply, safety, civil defense and design, and studied plans and models displayed in a special architectural exhibit prepared by the A.H.A. in cooperation with the American Institute of Architects.

In its opening session the conference heard Charles Lavin of the Division of Civilian Health Requirements, Public Health Service, explain the operation of the Controlled Materials Plan as it affects construction materials, and listened to a report on progress and prospects of the Hill-Burton program by Dr. John Cronin, chief of the Division of Hospital Facilities.

In a session on civil defense. Architect Reginald Isaacs, director of planning at Chicago's Michael Reese Hospital, attacked the government's philosophy of decentralization or dispersal of hospital facilities as a civil defense measure. Hospital sites should be selected on the basis of long-time service to the community, Mr. Isaacs stated. Neal Thompson of the Federal Public Building Service Administration warned that hospitals must arrange for alternative sources of water, electricity and steam as a safety measure in event of war disaster. Slocum Kingsbury, Washington, D.C., architect, criticized civil defense plans for not emphasizing the importance of hospitals in civil defense organization

In a session on "building safety into the hospital," Dorothy Pellenz of Crouse-Irving Hospital, Syracuse, N.Y., enumerated design features that help eliminate patient and employe accidents, including elimination of steeply graded sites, provision of adequate entrance space and facilities, elimination of cross traffic, provision of direction and caution signs wherever needed, selection of floor surfacing with a view to specific departmental needs, and other planning



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The Holophane Bedlight is the first unit of its kind to provide dual advantages with full effectiveness. 1 (left): a separately controlled reading light. 2 (right): general illumination for the bedroom. Shutter mechanism, operated by patient, varies light for individual needs. Installation and maintenance costs are very moderate.

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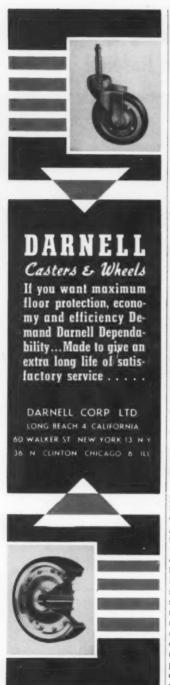
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NEWS...

Redesign Plans for Hillman Health Center to Permit Expansion

NEW YORK .- Although the \$1,000,-000 Sidney Hillman Health Center opened here only three months ago, it already has become necessary to instruct architects to redesign its reception facilities to permit the handling of a larger number of patients, according to the New York Times.

The six-story structure, located in the heart of the men's clothing district, is under the joint sponsorship of the New York Clothing Manufacturers Exchange and the Amalgamated Clothing Workers, C.I.O. It has been drawing about 1800 patients each week.

Louis Hollander, president of the center and manager of the New York joint board of the union, said that the expansion program would include installation of advanced x-ray equipment and a research laboratory for studies in arteriosclerosis. He said that the hospital was "swamped" with patients "who are interested in preventing illnesses or in treating ailments they have."

Because the growing number of elderly workers in the industry has made arteriosclerosis particularly widespread among clothing workers, Dr. Morris A. Brand, the medical director, said the first mission of the research laboratory would be to carry on lipoprotein investigations designed to determine whether there was any correlation between diet and susceptibility to the disease.

Polio-Emergency Volunteers Used During Nurse Shortage

MORRISTOWN, N.J.-To help care for polio patients in the acute stage, Morristown Memorial Hospital here has decided to train and use polio-emergency volunteers in Havemeyer Pavilion, the communicable disease unit.

According to Ruth C. Anderson, R.N., director of nursing service, the hospital has been about 10 per cent understaffed in the nursing department for the last six months. To relieve this shortage she is using on an hourly basis trained nurses who, because of home duties, cannot work full time. They work half days, or a given number of days a week, but often, after she has signed up all the nurses she needs, Miss Anderson explained, one or two find they cannot go on duty. This means she must be continually on the alert to fill the gaps.





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STEEL BANDS-protect top and bottom of Can and

HOT DIP GALVANIZING-a hand process after fubri-cution, insuring heariest possible rustproofing. STURBY LID-snug-fitting yet easy to rome

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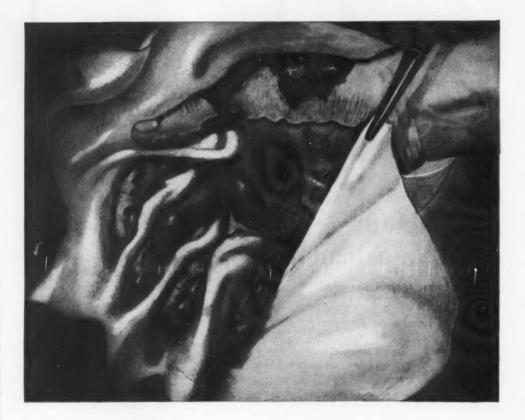


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The prime objective in the treatment of wounds is early closure. Infection in wounds delays healing. Systemic administration of antibiotics may not reach localized infections. Aureomycin Dressing provides, where it is needed, a high local concentration of wide-spectrum aureomycin, effective against both Gram-positive and Gram-negative organisms.

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Advantages 1. Broad-spectrum—Aureomycin Dressing concentrates locally the antibiotic which is now recognized as the most versatile yet discovered, with a wider range of activity against both Gram-positive and Gram-negative organisms than any other known remedy.

 Prevents infection—Water absorbent ointment releases aureomycin, suppressing growth of susceptible organisms already present and controlling spread of subsequent contamination.

Non-adherent and non-macerating — Minimizes abrasion of healing wounds and trapping of moisture conducive to bacterial growth.

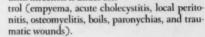
 Promotes healing—It does not interfere with healing, as do many chemical antiseptics. Where infection is controlled, healing is faster.

5. Non-toxic—Reactions to Aureomycin Dressing have so far not been observed.

6. Economical — Shorter period of disability means a saving in expense and in hospital time. Aureomycin Dressing may be used wherever a non-adhering dressing with antibacterial action is indicated: routinely on post-operative surgical and traumatic wounds; on granulating wounds to promote epithelization; as a nasal, vaginal or rectal packing. Clinicians treating burns with the new dressing observed the rate of healing and epithelization was excellent.

Also new Aureomycin Packing-

- To pack abscess cavities (breast, perirectal and suppurative adenitis) after incision and drainage.
- To keep infected or contaminated wounds open, until infection is under con-



• For hemostasis.

In clinical trials a variety of infected lesions healed promptly after drainage and repeated packing. Traumatic wounds packed open with Aureomycin Packing remained free from infection and healed after delayed primary closure.

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Aureomycin Dressing is an 8" x 12" gauze dressing of close mesh impregnated with 16 Gms. of 2% aureomycin hydrochloride ointment. In each dressing there are 320 mg. of crystalline aureomycin hydrochloride.

Aureomycin Packing is double selvage-edge gauze, in ½" x 24" and 1" x 36" strips. Each gram of gauze is impregnated with 4 mg. of aureomycin in stable form.



NEWS...

Illinois Aid Commission Okays Hospital Charges

CHICAGO.—Payment of the hospital's regular billed charges up to established ceilings for services rendered to public aid recipients was approved by the Illinois Public Aid Commission last month. James R. Gersonde, executive director of the Illinois Hospital Association, announced to association members. The new payment method is retroactive to July 1951 and is based on recommenda-

tions made by the association's tech- New York Hospital Beds nical advisory committee for the purchase of hospital care, the announcement

The arrangement provides that total payment to any hospital in any sixmonth period shall not exceed the hospital's costs as submitted to the Illinois Department of Public Health, it was indicated. Ceilings on per diem hospital payments have been established for several classifications of hospitals, Mr. Gersonde said.



NEW YORK. - The Hospital Council of Greater New York reported in its August bulletin that the major problem of hospital construction here is the replacement of nonfire-resistive and obsolescent hospital facilities at suitable locations

In 1947 the Master Plan for Hospitals and Related Facilities estimated the total number of general care beds needed for a population of 8,000,000 to be 33,600. As of Jan. 1, 1951, 33,374 beds were available for such care. However. 6852 more "suitable" beds still are needed because 6626 beds are in "nonsuitable" facilities.

The suitable facilities [beds in fireresistive buildings] plus those under construction and definitely planned [hospital projects approved for federal assistance and municipal hospital projects with funds for construction listed in the city's 1951 capital budget | provide 29.938 beds, or 89.1 per cent, of the general care beds which should be located in New York City," the report

The distribution of the total number of general care beds among the boroughs is not proportionate to the need, the council reported. Under the proposed master plan the city would have 80 hospitals instead of 140 with each of them having a minimum of 200 beds, the average falling somewhere near 250 or 300 beds. The plan also requested mergers wherever possible.

Last January 1, the beds in suitable hospital buildings in Manhattan, including those under construction and definitely planned, were nearly 110 per cent of the number that should be located in this borough. The comparable percentages for the other boroughs are Richmond, 81: Brooklyn, 80: Oueens, 72, and the Bronx, 68. In 1947 Queens had the lowest ratio of bed needs met by suitable facilities, 37 per cent.

The council's figures show that all of the buildings housing bed facilities at 40 hospitals in the city are unsuitable for long-range planning purposes. A total of 4078 general care beds are located in these buildings.

"Voluntary hospitals constitute the largest group, both in number of institutions and in number of beds, among unacceptable facilities," the bulletin states. Nearly 49 per cent of all the general care beds in unsuitable buildings were at voluntary hospitals.



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SHAMPAINE WATSON TABLE



 provides the same positioning features as the Hampton Table, but offers an economy in the sidewheel Trendelenberg control and manual leg section.

NEWS...

\$1,132,500 Grant Made to Country's Medical Schools

NEW YORK .- A grant of \$1,132,500 from the National Fund for Medical Education, which was set up in May, is to be used to help the nation's hard pressed medical schools.

The fund is sponsored by industry. the 79 accredited medical schools in the United States, organized labor, agriculture, a group of university presidents and 12 scientific and educational foundations. Former President Herbert Hoover is honorary chairman and S. Sloan Colt. president of the Bankers Trust Company, is president of the fund.

Mr. Colt said that each of the 72 fouryear accredited medical schools would receive \$15,000 and each of the seven two-year accredited basic medical science schools, \$7500. About 561/2 per cent of the contributions received by the fund came through the efforts of the American Medical Education Foundation, he said, "which in turn is supported by physicians and medical societies throughout the nation."

beginning will be pressed forward in ed certificates.

the ensuing months so that the goal of Nursing Institutes Held at \$5,000,000 established for 1951 will be St. Louis University reached."

A.H.A. Sponsors Institute on Hospital Establishment

WASHINGTON, D.C.—The American Hospital Association will sponsor an institute on hospital establishment November 5 to 9 at the Wardman Park Hotel here.

Designed particularly to cover problems involved in the opening and early operation of a community hospital, the curriculum will be directed particularly to the community general hospital and will stress financial problems.

Registration is open to representatives of state agencies administering the Hill-Burton program, any member of the A.H.A. or the representative of an institutional member, any member of the governing body of a newly established hospital, and any administrator of a new hospital organization.

The tuition fee for the course will "The trustees of the fund," he con- be \$35, and those attending all sessions tinued, "are hopeful that this excellent of the full five-day course will be award-

Sr. Louis. - St. Louis University School of Nursing with the assistance of the U.S. Public Health Service sponsored a series of summer institutes for graduate nurses, administration and staff, and public health nursing personnel.

The institute on nursing service administration was under the direction of Sister Mary Agnita Claire, S.S.M., associate professor of nursing; Sister Mary Blanche, S.S.M., instructor in nursing, and Mrs. Mae Hamilton, instructor in nursing education, St. Louis University. It emphasized the necessity of utilizing most efficiently the services of nurses and other technical personnel in the hospital partially to offset the shortage.

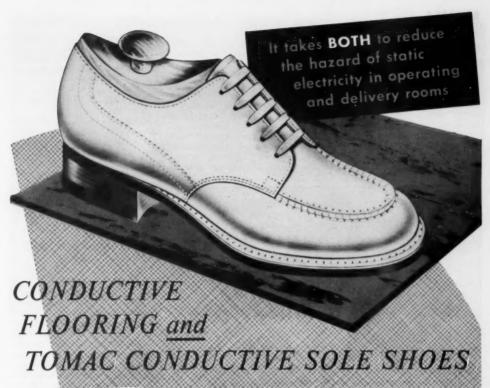
Conclusions reached at the close of the institute centered on greater efficiency by participation of all employes in administration; the careful analysis of tasks and duties to prevent overlapping and to prevent waste of professional time in nonprofessional, time-consuming tasks; clarification of responsibility and the necessity of careful selection of staff officers and line officers: making sure that everyone understands the policy of the hospital; ready acceptance by the administrators of good suggestions by employes in the hospital; simple, easily understood records; provision for incentive for employes, and application of long accepted business and governmental procedures of administration to hospitals.

Offered simultaneously with the nursing service administration institute was a family nutrition institute for public health and school nurses. It was conducted by Mary Helen McLachlan, assistant professor of dietetics for the St. Mary's group of hospitals, St. Louis University.

Jane Wilcox, public health nursing consultant of the Heart Disease Control Agency, F.S.A., assisted Lucille Becker, director of public health nursing, in conducting an institute on cardiovascular disease nursing. It emphasized three phases: caring for heart disease, curing heart disease and living with heart disease

The institute on tuberculosis nursing was under the direction of Miss Becker and Doris Roberts, R.N., of the U.S. Public Health Service. Emphasis was on the newest principles of tuberculosis nursing, and means of protecting the nurse, the family and community members from infection.

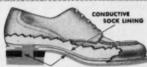




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"Model Community Survey" Issued by the Commission on Chronic Illness

CHICAGO.—The Commission on Chronic Illness has announced publication of a "Model Community Survey" designed to guide communities in determining needs for additional facilities and services for the chronically ill. The commission is an independent national agency representing the American Hos-

Association and American Public Welfare Association. Its function is to study problems of long-term illness.

Communities all over the nation are taking steps to solve the growing problem of how best to provide care for long-term patients," a commission announcement said. "Many have already made thorough studies of the local problems and are planning programs based on the facts revealed. Other communipital Association, the American Medical ties are planning to survey the local Association, American Public Health scene before proceeding with plans for

visiting nurse associations, chronic disease hospitals, homemaker services, rehabilitation centers, nursing homes and numerous other community enterprises. The 'Model Community Survey' is designed as a guide for individual communities in taking inventory of existing facilities and services."

"The 81 page publication includes a comprehensive outline of programs, services and facilities which might be surveyed-the types of health and welfare activities which some day could be molded into one cooperative community chronic illness program. The commission has developed 23 sample survey schedules for direct use or adaptation to the local situation."



Now Available

Here is a new, exhaustive study of the entire subject of fund raising for the voluntary hospital. Prepared by one of the country's leading fund raising and public relations counsel, this 24-page, illustrated booklet considers in detail all the factors affecting hospital fund-raising, including the basic factors which motivate charitable giving; the practical considerations involved; the relation of Need, Availability of Money and Leadership as major factors in a successful campaign; the advantages of professional versus non-professional direction; a specific description of the services provided by professional fund-raising counsel; the kind and degree of cooperation expected from the hospital client, and the cost of professional fund-raising counsel.

A copy will be sent without charge to the administrator or Governing Board member of any voluntary hospital when requested on hospital stationery.

Write to Department F3



ROCKVILLE CENTRE, NEW YORK

Medical School Enrollment Sets Record of 26,191

CHICAGO.-A total of 26,191 medical students was enrolled in 79 approved schools in the United States during the 1950-51 academic year, according to the annual report on medical education compiled by the Council on Medical Education and Hospitals of the American Medical Association and published in the A.M.A. Journal last month. The report said this was the largest number of medical students to be enrolled in the nation's history. It compared with a previous high of 25,103 in 1949-50.

The academic year 1951-52 will see a continuation of the increase, the report said, because a record freshman class has been enrolled. "It is estimated that about 7400 new students will enter medical schools this fall, compared with previous records of 7182 a year ago.

"Significant progress is being made toward resolving the financial problems of the medical schools," the report also said. "Funds available to the schools during 1951-52 will total approximately \$109,600,000, which represents an increase of \$36,000,000 in the last four years. In addition to the usual sources of funds, the schools this year are receiving grants from the National Fund for Medical Education and the American Medical Education Foundation, However, serious financial problems remain for a number of schools."

There were 6135 physicians graduated last year, as compared with 5553 the year before.

Negro students enrolled in 46 United States schools totaled 658 (2.5 per cent) compared with 647 (2.6 per cent) the year before in 42 schools.



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VOI. 77. No. 4. October 1981 EDICAL X-RAY

Vol. 77, No. 4, October 1951

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NEWS...

Fourth Annual Institute in Hospital Administration Held at Mercy College in Detroit

DETROIT. - Attending the fourth annual institute in hospital administration at Mercy College here September 4 to 7 were more than 200 Sisters of Mercy, representing 92 institutions throughout the United States.

The institute was sponsored by Mother Mary Bernardine Purcell, R.S.M., mother general of the order, in cooperation with the American Hospital Association, the Catholic Hospital Association, and the American College of Hospital Administrators.

Emphasizing the hospital accounting and medical records departments, 18 study group meetings were devoted to the two themes.

The following speakers and their topics were featured at the general session September 5: Dr. Edgar C. Hayhow, past president, American College of Hospital Administrators, "A Philosophy and a Plan for Hospital Administration"; Mrs. Edna K. Huffman, R.R.L., consultant, American Association of Medical Record Librarians, Chicago, "Organization and Management of the Medical Records Department," and William H. Markey, accounting specialist, American Hospital Association, Washington, D.C., "Hospital Accounting and Administration.

Oscar Webber, president of Harper Hospital board of trustees, Detroit, spoke on "Labor Organizations in Hospitals" and John J. Powers, director of public relations, Sisters of Mercy, Detroit, discussed "The Effect of Our Labor Laws on Hospital Personnel" at the Thursday morning general session, September 6.

The Advantage of the Catholic Hospital in the Community," by Father John J. Flanagan, S.J., executive director, Catholic Hospital Association, St. Louis, and "The Value of Good Public Relations in Hospitals," by Mr. Powers, were the topics of Thursday afternoon's

Mrs. Helen S. Bradford, committee on women's auxiliaries, American Hospital Association, Chicago, spoke on "Why Is an Auxiliary Important to a Hospital" at the general session September 7

The committee on recommendations offered suggestions that will result in the creation of several new supervisory posts in each of the nine provinces of the Order. The new posts include a supervisor of hospital accounting in each

province, a supervisor of medical records departments in each province, a Sister in each province to act as consultant in problems of hospital administration, and a Sister consultant in personnel policies.

Minnesota Creates New Posts at Mental Hospitals

MINNEAPOLIS.—Creation of the new position of assistant superintendent of mental hospitals in Minnesota has been announced here by the Minnesota Civil Service Department. The new posts, which will be similar to those of administrators in general hospitals, have been developed by the University of Minnesota with the support of the governor, the commission on mental diseases and the civil service commission in an effort to improve the administrative practice in the mental hospitals of the state.

The basic responsibility of the job in each hospital will be to coordinate all services to obtain maximum implementation of the diagnosis and treatment program, it was explained. The duties of these assistant hospital administrators will include responsibility for the administration of all services, facilities and programs in a mental hospital except those relating directly to professional medical care and treatment. They will formulate, administer and execute policies, plans and procedures affecting hospital management and general services, and also will participate in major policymaking conferences with the superintendents and the clinical directors concerning all activities.

Upon the establishment of an eligible list of qualified candidates, these positions may be established at the following Minnesora state hospitals: Anoka, Hastings, Rochester, Willmar, St. Peter, Moose Lake, Fergus Falls, Cambridge and Faribault.

Applicants for the posts will be expected to have responsible administrative experience in hospital management which should be broad enough to provide a knowledge of the operation of a number of the services.

For further information candidates may write to the Minnesota Civil Service Department, 122 State Office Building, St. Paul. For these positions the usual requirement of residence in Minnesota has been waived and the positions are open to any citizen of the United States who has the necessary qualifications, the civil service commission announced.

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Surgical Protection for 400,000 Bethlehem Employes

BETHLEHEM, PA. - E. A. van Steenwyk, executive director of the Hospital Service Plan of the Lehigh Valley in Pennsylvania, has announced that Blue Shield surgical protection for nearly 400,000 Bethlehem Steel employes and their dependents, from coast to coast, has become effective.

Following agreement between the

fits are being added to the Bethlehem Social Insurance Program.

This coverage is among the first of the new Blue Shield contracts which provide uniform coverage at uniform rates for the employes of large corporations located throughout the United States, Mr. Van Steenwyk stated.

Although all accounting and billing procedures will be handled through the company's general offices in Bethlehem. company and U.S. Steel Workers of Pa., and the main office of the Hospital

America, C.I.O., the new surgical bene- Service Plan of the Lehigh Valley in Allentown, Pa., actually more than a dozen Blue Shield plans across the United States are cooperating actively in servicing the Blue Shield coverage of Bethlehem employes by paying their surgical bills.

The surgical benefits provide payment to the doctor, according to the Blue Shield schedule of surgical payments, ranging from a maximum of \$200, for all operations and obstetrical deliveries. except for services which are covered by workmen's compensation laws or which are furnished under federal or state laws

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Prudential Offers Medical Insurance to \$10,000 for "Catastrophic Illness"

Newark, N.I.-Group hospitalization and medical care insurance providing maximum benefits up to \$10,000 for "catastrophic illness" is being provided on an experimental basis by the Prudential Insurance Company of America, Edmund B. Whittaker, Prudential vice president, said here last month. The plan is being provided to "serve the public's needs as an antidore to the evils of socialized medicine" but it cannot hope to succeed without "intelligent cooperation of medical societies and individual physicians," Mr. Whittaker said. "I know there are some in the medical profession who always grab for a quick dollar and charge all that traffic will bear," he declared, "but this insurance is not just a bonanza to increase the cost of medical care. Misuse of it will result in its failure and play into the hands of government planners."

Grievance machinery of medical societies should be used whenever insurance claims are presented under which surgical charges seem exorbitant, Mr. Whittaker suggested. "That does not mean that we expect a surgeon to charge the same to an employe making \$20,000 a year as he charges an employe making \$5000 a year," he explained, "but it does mean that we expect him to make the same charge to an employe making \$20,000 who has this insurance as he would to an employe making the same income who has not.'

Mr. Whittaker credited hospitals with taking the initiative in the organization of Blue Cross at a time when insurance companies had neglected the health field. "The insurance industry just tagged along after Blue Cross," he said.



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Its Sharp

Committee on Careers to Hold Nursing Institutes; Student Enrollment Off

NEW YORK.—Five regional institutes will be held by the Committee on Careers in Nursing in strategic cities this fall, Theresa I. Lynch, dean of the school of nursing at the University of Pennsylvania and chairman of the committee, has announced. The aim of the institutes is to create and strengthen the organization of state, district and local student nurse recruitment committeees

through effective public relations technics.

The first institute is to be held in Denver during the week of October 29. It will be co-sponsored by the Colorado State Nurses' Association. The other four are tentatively scheduled for Chicago, New Orleans, Philadelphia, and San Francisco, the exact dates to be announced later.

"Each year since the creation of the Committee on Careers in Nursing in 1949, the national student nurse recruitment program has seen a small but

steady increase in the number of students admitted," Miss Lynch said.
"Whether it will be possible to maintain this record in 1951 and the years immediately following is a question. The numbers of high school graduates from which all professions and vocations must draw is smaller in 1951 and will be for the next five years as the crop of depression babies reaches the point of high school graduation."

Enrollment of student nurses for fall classes was slightly below the level for last year on July 15, according to a report released by the committee, which reported 43,168 applications pending or accepted on July 15 compared to 43,617 at that time a year ago. Miss Lynch said there are fewer high school graduates this year than in previous years and competition with other professions and job opportunities was intense.

"We will keep working from the national standpoint," Miss Lynch promised, "and we hope you will continue your efforts in your state and local communities."

To help alleviate the shortage, Rep. Frances P. Bolton (R.-Ohio) has urged the House interstate and foreign commerce committee to approve her bill for federal aid to nursing education.

Warning that there would be a deficit of 49,000 nurses in 1954 she based her prediction on an estimate of 5,000,000 men in the armed services by 1954. Mrs. Bolton testified that a force of this size would require 25,000 nurses, while about 380,000 will be needed by the civilian population. She said the most serious shortage is among teachers of nursing.

The bill calls for \$47,000,000 in annual federal aid. This sum includes: \$23,000,000 in grants for training teachers; \$15,000,000 for nurse scholarships; \$5,000,000 for new nursing schools; \$300,000 for an intensive recruitment campaign, and \$2,500,000 for a program of teaching practical nurses.

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Large Class at St. John's

SPRINGFIELD, ILL.—St. John's Hospital here has admitted a large class of students into the schools of medical and x-ray technology and anesthesiology for its September session. Eight students are now studying medical technology; six entered the course in x-ray technology, and 11 signed up for the course in anesthesia. One student will take a course in operating room technic.

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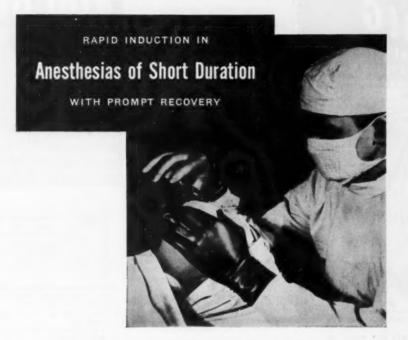
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COMING MEETINGS

AMERICAN COLLEGE OF SURGEONS, San Francisco, Nov. 5-9.

AMERICAN DIETETIC ASSOCIATION, Public Auditorium, Claveland, Oct. 9-12.

AMERICAN PUBLIC HEALTH ASSOCIATION, San Francisco, Oct. 29-Nov. 2.

BRITISH COLUMBIA HOSPITAL ASSOCIATION, Vancouver Hotel, Vancouver, Oct. 14-19.

FLORIDA HOSPITAL ASSOCIATION, Wyoming Hotel, Orlando, Dec. 3, 4.

ILLINOIS HOSPITAL ASSOCIATION, Hotel Abraham Lincoln, Springfield, Nov. 14, 15.

KANSAS HOSPITAL ASSOCIATION, Topeke, Nov. 8, 9.

MARYLAND - DISTRICT OF COLUMBIA - DELA -WARE HOSPITAL ASSOCIATION, Statler Hetel, Washington, D.C., Nov. 26, 27.

MASSACHUSETTS ASSOCIATION OF MEDICAL TECHNOLOGISTS, INC., North Dartmouth, Mass., Oct. 20.

MICHIGAN HOSPITAL ASSOCIATION, Pantlind Hotel, Grand Rapids, Nov. 11-13.

MISSISSIPPI HOSPITAL ASSOCIATION, Heidelberg Hotel, Jackson, Oct. 11, 12.

MONTANA HOSPITAL ASSOCIATION, Billings, Oct. 11, 12.

NATIONAL ASSOCIATION OF CLINIC MAN-AGERS, Buena Vista Hotel, Biloxi, Miss., Oct. 27-31.

NATIONAL SOCIETY FOR CRIPPLED CHILDREN AND ADULTS, Palmer House, Chicago, Oct. 3-6.

NEBRASKA HOSPITAL ASSOCIATION, Paxton Hotel, Omaha, Nov. 15, 16.

OKLAHOMA STATE HOSPITAL ASSOCIATION, Tulsa Hotel, Tulsa, Nov. 1, 2.

VERMONT HOSPITAL ASSOCIATION Pavilion Hotel, Montpelier, Oct. 17, 18.

AMERICAN COLLEGE OF CLINIC ADMINISTRA-TORS, Stavens Hotel, Chicago, Jan. 13-15.

AMERICAN PROTESTANT HOSPITAL ASSOCIATION, Hotel Statler, Cleveland, Feb. 21, 22.

ARIZONA HOSPITAL ASSOCIATION, Phoenix, Feb. 14-16.

ASSOCIATION OF WESTERN HOSPITALS, San Francisco, May 12-15.

CATHOLIC HOSPITAL ASSOCIATION, Cleveland, May 26-29.

CATHOLIC SCHOOLS OF NURSING, Public Auditorium, Cleveland, May 24, 25.

EPISCOPAL HOSPITAL ASSEMBLY, Hotel Statler, Cleveland, Feb. 21.

MIDDLE ATLANTIC HOSPITAL ASSEMBLY, Convention Hall, Atlantic City, N.J., May 21-23.

MID-WEST HOSPITAL ASSOCIATION, President Hotel and Municipal Auditorium, Kansas City, Mo., April 23-25.

NATIONAL ASSOCIATION OF METHODIST HOS-PITALS AND HOMES, Statler Hotel, Cleveland, Feb. 20-21.

NEW ENGLAND HOSPITAL ASSEMBLY, Statler Hotel, Boston, March 24-26.

OHIO HOSPITAL ASSOCIATION, Cleveland Hotel, Cleveland, March 31-April 3.

SOUTHEASTERN HOSPITAL CONFERENCE, Atlanta, Ga., April 16-18.

TEXAS HOSPITAL ASSOCIATION, Shamrock Hatel, Houston, May 20-22.

TRI-STATE HOSPITAL ASSEMBLY, Palmer House, Chicago, April 28-30.

WISCONSIN HOSPITAL ASSOCIATION, Schroeder Hotel, Milwaukee, Feb. 14.

CAROLINAS-VIGINIAS HOSPITAL CONFERENCE, Hotel Roanoke, Roanoke, Va., April 24, 25.



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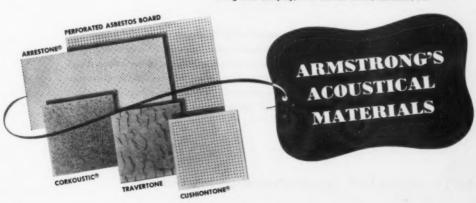




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Free booklet, "How to Select an Acoustical Material," answers many questions about sound conditioning. Write to Armstrong Cork Company, 5710 Stevens Street, Lancaster, Pa.





New Antibacterial Chart

	Organism	Sulformides	Pesicillin	Streptomycin or Dihydra- streptomycin	Aurosmycin or Terramycin	Chloramphraical	Penticillin Crystellin Vin N.M. Squit M.M. Pentil Pentile For Silve End Squite Squite Crystellin Management (Vin N.M.) Squit M.M. Can Pentile For Silve End Squite Crystellin Fortilité Con Squite Saignesse Crystellin Fortilité Con N.M. A. S. C. Crystellin Fortilité Con N.M. Con N.M.
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The new Squibb antibacterial chart provides latest information on the relative effectiveness of the various antibacterial agents. It represents a consensus of leading authorities in the antimicrobial field. The chart is designed as a ready reference for hospital use. One side shows the relative effectiveness of the various agents against the causative organisms, and the other side against the actual disease.

... a new Squibb aid for hospitals

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The chart, $8\frac{1}{2} \times 11$ inches, may be hung on the wall in the pharmacy, posted on the bulletin board, placed under the glass on a desk, or wherever it is most convenient. Your Squibb Professional Service Representative will provide you with this chart, or any other Squibb visual or practical aids, without cost or obligation, or you may write direct to:

E. R. Squibb & Sons, 745 Fifth Avenue, New York 22, New York.

SQUIBB MANUFACTURING CHEMISTS TO THE MEDICAL PROFESSION SINCE 1858



Nurse Anesthetists Reelect Officers at Annual Meeting

St. Louis.-Officers reelected at the annual meeting of the American Association of Nurse Anesthetists held September 17 to 20 include: Verna Bean of Lexington, Ky., president; Josephine Bunch of Portland, Ore., first vice president; Minnie V. Haas of Fort Worth, Tex., second vice president, and Agnes Lange of Chicago, treasurer.

The new trustees are Anne Beddow

of Dallas, Tex., and Madeleine King of Meadville, Pa.

By a unanimous vote the proposal to institute a house of delegates was postponed indefinitely. The Agatha Hodgins Educational Fund, a loan fund to aid graduate nurse anesthetists to further their education, was liberalized by the association to provide for outright grants. The report of a personnel practices survey revealed that despite rather wide variations in salaries and benefits of Birmingham, Ala., Jessie Compton throughout the country, the average

gross salaries and benefits were fairly well equalized in hospitals, regardless of bed capacity.

Hospital Consultants Elect Dr. Bluestone President

Sr. LOUIS.-The American Association of Hospital Consultants elected Dr. E. M. Bluestone as its new president at its annual meeting held here September 15 and 16. Dr. Bluestone is consultant to Montefiore Hospital, New York City.

Other new officers are: vice president, Dr. Basil C. MacLean, director of Strong Memorial-Rochester Municipal Hospitals, Rochester, N.Y.; secretary-treasurer. Jacques B. Norman, Greenville, S.C., and executive committee members, Dr. Christopher B. Parnall, Ann Arbor. Mich., retiring president, and Dr. Allan Craig, New York City.

Under the chairmanship of Dr. Parnall, the members of the association discussed the scope and management of the central supply, rooming-in for obstetrics. the medical audit, food service, hospital lighting, paging systems, room toilets, radian: heating, and many other topics relating to construction, equipment and organization.

Ceremony Formally Opens Largest Outpatient Clinic

NEW YORK.—The new Tower building of the Memorial Center for Cancer and Allied Diseases, the world's largest outpatient cancer clinic, was formally dedicated September 25.

Designed to handle 250,000 visits a year, the six-story structure here is named for the estate of the late Mr. and Mrs. Joseph Tower, who contributed a major portion of the \$2,700,000 spent on constructing and equipping it. It will serve patients from James Ewing Hospital, a city institution adjoining the center, as well as from Memorial.

The structure houses 10 clinics. The ground floor accommodates the clinic for initial examinations and determination of the area of cancer involved. On the second, third and fourth floors there are clinics for head and neck, bone, breast, rectal, gynecological, genitourinary, gastro-intestinal cancers and mixed tumors and lymphoma types of cancer. The fifth floor is for administrative offices and the sixth is given over to quarters and offices for staff physi-



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You enjoy better day-in, day-out cooking and extra years of service from Wear-Ever Aluminum double boilers. Aluminum spreads heat so quickly and evenly, you're sure of perfect cooking every time. And the extra-tough, light-to-handle aluminum alloy from which they're made resists denting and gouging, cuts replacement costs, is easy to clean.

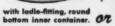
Inner pans are made of Alclad Aluminum, which consists of a strong alloy core permanently bonded to a corrosion resistant layer of pure aluminum. Sanitary, seamless construction, open beads, loop handles on both inside and outside containers. Bakelite cover knob. See these Wear-Ever ALCLAD double boilers at your restaurant equipment dealer's or mail coupon below for catalog and details.

Also...semi-heavy 51/2-quart size

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Made of extrahard, long-lasting aluminum alloy. Round, easy-toclean corners, smooth, flat bottom. (No. 43551/s)





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Please send me full details about our lin alloy aluminum double boiler a

Fill in, clip to your letterhead, and mail.

Vol. 77, No. 4, October 1951

167

Voluntary Health Insurance Covers Half of Country

NEW YORK. - At least half the nation's population was covered at the close of 1950 by one type or other of voluntary protection against the economic hazards of sickness and accident, it was reported in the Health Insurance Council's fourth annual survey of accident and health coverage in the United

surance fields, viewed these facts as reflecting the desire of Americans to choose their own methods of meeting the costs of illness.

The council also noted that hospital expense protection was purchased by 76,961,000 persons as against 66,044,-000 a year earlier; protection against surgical expenses increased 32 per cent to cover 54,447,000 persons as against 41,143,000 in 1949; medical insurance The council, representing nine trade increased 28 per cent with 21,589,000 associations in the life and casualty in- persons covered as compared with 16,-

862,000 in 1949, and disability or weekly indemnity protection covered 37,293,000 persons against 34,136,000 the previous year.

The reports were based on data supplied by insurance companies, Blue Cross, Blue Shield, fraternal bodies, medical societies, industries, universities and others

37th A.C.S. Congress

CHICAGO.-Hospitals in San Francisco and the East Bay area will take part in the 37th annual Clinical Congress and the 30th Hospital Standardization Conference of the American College of Surgeons, it was announced here last month at college headquarters. The congress and conference are scheduled to be held in San Francisco November 5 to 9.

Taking part in a general assembly of hospital administrators and surgeons on the subject of "Collaboration in Hospital Standardization" will be Dr. Arthur W. Allen, chairman of the A.C.S. board of regents, and Dr. Anthony J. J. Rourke, administrator of Stanford University Hospitals and president of the American Hospital Association.

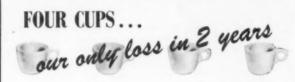
A.H.A. Receives Award

CHICAGO. - The American Hospital Association received an award of merit from the American Trade Association Executives at the annual meeting of the latter association here last month

The award was presented to George Bugbee, executive director of the A.H.A., in recognition of its "excellent services to its industry and the public and especially for its public relations program, 'Telling Your Hospital's Story,' which led to improved community-hospital relations for thousands of hospitals throughout America."

\$1,500,000 Building Program

MINEOLA, N.Y. - Nassau Hospital is planning a \$1,500,000 expansion and modernization building program which will include the addition of a four-story wing. It will raise the capacity of the institution from 227 to 327 beds. In making the announcement, Robert Winthrop, president of the hospital's board of directors, cited the great need for additional hospital facilities in Nassau County owing to the population growth in recent years.



says Industrial Cafeteria

"We have used BOONTONWARE in our plant cafeteria since we opened over two years ago. In all this time, our total breakage has been four cups.

"Considering every angle of its use, we believe BOONTONWARE to be far superior to any other dishes.

"These dishes compare favorably with the best china as to appearance and feel . . . and show very little if any evidence of continued use."

> - William A. Dunmore, Jr., Manager Synthane Corporation Cafeteria, Oaks, Pa.



The same story can be told by restaurants, hotels, schools, colleges, hospitals, and institutions all over the country - wherever BOONTONWARE is in service - because BOONTONWARE combines style and exceptional durability in a way never known before in the mass feeding field, Before you buy, investigate and compare BOONTON-

lonware FINE DINNERWARE FASHIONED OF MELMAC

mwore complex with CS 173-50, the heavy-duty trade and issued by U. S. Department of Commerce, and conforms with the simplified practice recommendations of the American Hospital Association



See your regular Supply House or write for name of nearest Dealer

BOONTON MOLDING COMPANY, Boonton, New Jersey



"amount of saving from breakage is really unbelievable with dinnerware molded of MELMAC®"

Says the President of Dunton's Cafeterias, Inc. Dallas, Texas

In use for over one year, dinnerware molded of MELMAC brings the following enthusiastic endorsement from the president of two large cafeterias in downtown Dallas.

"First and foremost, we find them acceptable to our guests...

"Their color allows us to display our food advantageously . . .

"They are light, which relieves complaints where bus people are concerned . . .

"Our guests now find it much easier to carry their own trays..."

You, too, will profit from dinnerware molded of MELMAC. Ask your supplier for full details today.



Ask your supplier for plastic dinnerware identified by this insignia. It complies with the high standards of quality established for heavy-duty melamine dinnerware by industry through the U.S. Department of Commerce.



Mrs. W. C. Dunton, President, and Mr. Carlton Lawler, General Manager of Dunton's Cafeteria, discuss the advantages of their Dallas Ware molded of MELMAC.



In Canada: North American Cyanamid Limited, Royal Bank Building, Toronto, Ontario, Canada

Navy Hospital Unit Dedicated in New York

NEW YORK.—The dedication of the navy's newest medical facility, St. Albans Naval Hospital, took place here re-

Of a modified pavilion type of construction, the \$15,000,000 hospital includes six ward buildings, an administration building, a subsistence building, and a radiological building, and contains such innovations as static free floors, maintenance-proof exterior walls,

a theater, a lead lined radiological building with equipment capable of generating 1,000,000 volts, and individual radio ear phones.

The new buildings can care for 606 patients although administrative officers estimated that under an all-out emergency it would be possible to increase the patient load to approximately 4500 by crowding additional individuals into the new hospital buildings and utilizing fully the temporary facilities which re-

Central structure in the group is the six-story administration building behind which is a subsistence building. The six ward buildings are connected with the administration and subsistence buildings by enclosed corridors. The lead lined radiological therapy building is separate from the rest of the pavilion arrange-

Although St. Albans is a general navy hospital, it has been designated by the Bureau of Medicine and Surgery to handle patients requiring special treatment in neurosurgery, thoracic and cardiovascular surgery, and tuberculosis.

P.H.S. Seeks Answers to Consumption Questionnaires

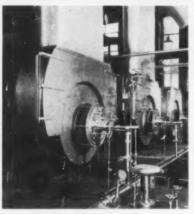
WASHINGTON, D.C.—Questionnaires aimed at determining hospital consumption of all types of supplies and materials will be circulated this month by the Bureau of Hospital and Medical Resources. U. S. Public Health Service. The information is needed as the basis for accurate estimates of hospital requirements, it was explained, so that hospitals may be given their proper share of critical materials of all kinds after military needs are provided.

The questionnaires cover thousands of items in common use but have been planned and will be distributed so that each hospital need furnish only a part of its consumption experience. Leonard Goudy of the American Hospital Association, Rev. Donald McGowan of the National Catholic Welfare Conference, and Everett W. Jones, vice president of the Modern Hospital Publishing Co., all special consultants to the Public Health Service in its function as claimant agent for health facilities, joined P.H.S. officials in urging hospitals to complete and return the consumption questionnaires promptly.

Add Two Special Hospitals

CHICAGO.—Two specialized hospitals will be added to the clinical facilities of the University of Chicago at an estimated cost of \$4,500,000, the university announced last month. The Charles Gilman Smith hospital will be used for research and treatment of contagious and heart diseases. The second hospital will be the west wing of the clinics group and will be a research hospital in orthopedics and in chronic diseases. including tuberculosis, allergy, arthritis. and metabolic disorders.





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These three SPO 200 Scotch Marine Boilers, arranged for gas and oil firing, produce steam meeting all the power and heat requirements of an important Louisiana project." The three Scotch Boilers have a combined heating area of over 6000 square feet and produce normally 25,150 pounds of steam per hour. All-welded in construction. Titusville Scotch Marine Boilers are leakproof, rugged, and will stand up under severe service with minimum

Titusville manufactures a complete line of high and low pressure fire and water-tube boilers to meet all capacity and pressure requirements 'Name on request.

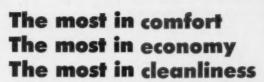
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Englander-Airloam, gives you the most of all three!

That's a big order for any mattress to fill! But Englander means it, and the facts are all here to prove it.

Englander and Goodyear have combined to produce this modern miracle mattress. It had to be better than any mattress in every way. Here's the result.

The most in comfort. On Airfoam your patient actually sleeps on air. Millions of tiny air cells throughout the mattress cradle the patient and suspend him on a soothing, billowy puff. Restlessness is minimized because the air cells expand and contract, as only air can, with every movement of the body. Comforting, soothing support is always there, from head to toe. And the Airfoam Mattress can't lump or sag. The surface gives evenly all over.

The most in economy. On the basis of service and long life, Airfoam is the cheapest mattress you can buy . . . far cheaper than any innerspring mattress at a comparable price. It is of one-piece construction, with no springs. Tests equivalent to ten years of abuse have failed to break down Airfoam. Timesaving, too, because the Airfoam Mattress never needs turning, and is so feather-light that it can be made in a jiffy. The corners lift for sheet and blanket tucking with finger-tip pressure.

The most in cleanliness. Unlike ordinary mattresses, the Airfoam is allergy free, completely dustless, bacteriostatic, mildew-proof, cool and odorless. For further sanitation the cover is 8-oz. government standard, sanforized ACA, with rustproof zipper. It slips off in seconds for laundering. For hospital cleanliness it cannot be compared with any other mattress.

> There's more to the story. Get it from any hospital supply dealer.

The Englander Company, Inc. positions of Trendelenberg, reverse Trendelenberg, and hyperextension. All

Contract Department, Space 360, Merchandise Mart Plaza, Chicago S4, Illinois positions achieved by easy adjustment



Latest bed and spring ensemble!



Newest Hospital Bed: Simple and functional in design. The square tubular construction lends itself to any room setting. Smooth, baked enamel finish is lasting. handsome, easy to clean. Available with standard or heavy-duty Gatch Spring, or with two-crank Trendelenberg Spring, illustrated.

Two-crank Trendelenberg Spring: Has the same rugged construction as the standard Gatch Spring. Affords the additional *TM The Goodyear Tire & Rubber Co. of the two, noiseless telescoping cranks.

Kefauver Speaks to I.C.S.; Opposes Socialized Medicine

CHICAGO.—Sen. Estes Kefauver (D.-Tenn.) told the International College of Surgeons September 13 that progress has been made by the United States in the fields of science and medicine because these fields have been kept free for scientists to explore.

Senator Kefauver was a guest speaker at the 16th annual assembly here September 10 to 13.

He said the world was reaping pro-

nounced benefits from the health programs sponsored by the United States, where "in contrast to the Soviet, we have kept free the fields in which you gentlemen are preeminent."

"The fact that American doctors," he said, "free of government domination and secure in the traditional doctor-patient relationship, have led the world in these health developments, should be the answer to those critics who seek to destroy our kind of system through a system of socialized medicine."

nounced benefits from the health programs sponsored by the United States, Funds to Noland Foundation

FAIRFIELD, ALA.—The 350 bed Lloyd Noland Hospital and all of its properties, equipment and facilities, plus a cash contribution for working funds was presented to the Lloyd Noland Foundation Society by its owner, the Tennessee Coal, Iron and Railroad Company, a subsidiary of U.S. Steel Corporation. The announcement was made by Arthur V. Wiebel, T.C.I. president.

ABOUT PEOPLE

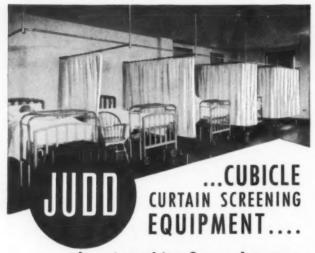
(Continued From Page 88)

graduate of the Northwestern University program in hospital administration. Mr. Lingle was also formerly associated with the Arkansas Baptist Hospital, Little Rock.

Marvin W. Nichols has been appointed administrator of the Mahaska Hospital at Oskaloosa, lowa, succeeding C. D. Kron, who resigned. Mr. Nichols, who received his master's degree in hospital administration from Northwestern University, served his administrative residency at the Methodist Hospital, Sioux City, Iowa. Following his residency he remained at the hospital as administrative assistant until going to Mahaska Hospital.

Dr. Sol Sherry has assumed his new duties as director of the May Institute for Medical Research of the Jewish Hospital Association, Cincinnati. He also assumes the position of assistant professor in the department of internal medicine of the University of Cincinnati Medical School. Dr. Sherry succeeds Dr. I. Arthur Mirsky, who accepted a position as professor of clinical science and chairman of the department of clinical science, and professor of research psychiatry in the school of medicine of the University of Pittsburgh. Among Dr. Sherry's teaching and hospital appointments in New York City were: assistant professor of medicine at New York University College of Medicine and assistant visiting physician at the Bellevue Hospital of New York City.

Dr. Warren F. Cook, executive director of the New England Deaconess Hospital, Boston, has been elected New England regent of the American College of Hospital Administrators and in this ca-



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grivates, susperch, corridor or room to be modernized with cubicle scrooning. Send us a free-head floor planesketch indicating moesurements and placement of doors, windows, bads, radiators, furniture, etc. We will send you an approximate estimate of installation cost. No obligation.

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Color's Therapeutic Value Stressed in New Institute



UNIVERSITY OF BUFFALO CHRONIC DISEASE RESEARCH INSTITUTE
EUGENE J. FRUEHAUF, General Contractor, Buffalo, N.Y.

HIS institution, formerly the U.S. Marine Hospital, is blazing a trail in the field of medical research, as the co-operative agency between the University of Buffalo School of Medicine and the New York State Department of Health. The hospital, completely renovated, is also the Polio Respirator Center for this area. In addition to the physical rehabilitation of the building, scientific equipment of the most advanced type has been installed.

The therapeutic value of color, through the liberal use of rugged Lyt-all Stippling Eggshell, is notable throughout the hospital. Visitors, prominent in medical and hospital circles, comment enthusiastically upon the color styling, planned by Pratt & Lambert-Inc.

Ask for color suggestions and painting specifications, including odorless Lyt-all Flowing Flat, an exceptional wall coating particularly welcome in hospitals. Pratt &

Lambert-Inc., 126 Tonawanda St., Buffalo 7, N. Y. In Canada, 18 Courtwright St., Fort Erie, Ontario.

Save the surface and you save all!



The all-important X-ray Department is equipped with the latest, approved devices for the detection of chronic diseases, including a 70 mm. Helm-Schmidt camera.



At present there are reportedly but five of these Helm-Schmidt cameras in the United States. Made in Sweden, it takes approximately six exposures per second.



Abundant natural light is one of the recuperative factors of the hospital. All areas have been decorated to impart a cheerful, home-like atmosphere.



Besides its modern, capably-staffed laboratories, there are a well-equipped machine shop, and stack room which facilitate maintenance operations.

PRATT & LAMBERT PAINT AND VARNISH

pacity he is a member of the governing body of that association. He took over his post at the annual meeting of the A.C.H.A. in St. Louis in September. Dr. Cook is a past president of the New England Hospital Assembly and the Massachusetts Hospital Association. He has been the executive head of the New England Deaconess Hospital for the last 22 years.

Isidore Maislin is the newly appointed administrative assistant of Mount Sinai Hospital, Philadelphia. Mr. Maislin, a registered nurse and a graduate of Co- and received his training in hospital adlumbia University where he majored in ministration at Columbia University

with the department of mental hygiene and the Veterans Administration in New York City. During the war he served for three years as an administrative officer in army hospitals and on hospital

Dr. Walter J. Lear and Harvey Schoenfeld have been named assistant directors of Montefiore Hospital for Chronic Diseases, New York City. Dr. Lear received his medical degree at the Long Island College of Medicine in 1946

administration, was formerly connected School of Public Health. Since 1948 he has served with the U.S. Public Health Service in Washington, as consultant on industrial health and medical programs in the division of industrial hygiene. Mr. Schoenfeld served successively as director of personnel and management engineering at St. Vincent's Hospital, New York City, and as assistant director of Maimonides Hospital, Brooklyn, N.Y. Mr. Schoenfeld is a past president of the Association of Hospital Personnel Executives of New York and a member of the executive board of the New York City chapter, Systems and Procedures Association of America.

> Claude Runnels has resigned his position as administrator of the Northeast Mississippi Hospital, Booneville, to engage in the cattle business. His successor, E. L. King, has had two years' experience as administrator in a civilian hospital and has completed the course in army hospital administration. In addition to serving as administrator of several army hospitals, Mr. King was sent to Japan at the outbreak of the Korean War to help organize medical facilities for the fighting forces in Korea.

> Dr. Jack Ruthberg has been named assistant director of Mount Sinai Hospital, New York City. Before accepting his new appointment, Dr. Ruthberg was deputy medical superintendent at Queens General Hospital, Jamaica, N.Y., as well as assistant visiting physician at Queens General, Triboro and Jamaica Hospitals. He is an associate in medicine at New York Medical College and an associate of the American College of Chest Physi-

> Dr. Paul L. Eisele, chief of professional services at the Veterans Administration Hospital, Springfield, Mo., has been named manager and chief of professional services of the V.A. hospital at Waukesha, Wis., succeeding Dr. Morris C. Thomas, who recently was named manager of the new V.A. hospital at Madison, Wis.

Department Heads

Nellie X. Hawkinson, professor and chairman of the department of nursing education of the University of Chicago, is now professor emeritus, although she will remain on the nursing education faculty for the coming year. Twice president of the National League of Nursing Education, Miss Hawkinson has headed the University of Chicago's nursing education department since 1934. A member of the International Council of Nurses, she flew to England in 1948 to attend study committee meetings of the





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"More people buy NABISCO'S Saltines than any other cracker" CUT FOOD COST ... BUILD PROFITS ...

BY CUTTING WASTE!

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council and the Florence Nightingale and a member of the special committee International Foundation, Currently, she is a member of the National Joint Commissions for the Improvement of the Care of the Patient. She served, during the war, on the subcommittee on nursing of the heart and medical commission of the Council on National Defense and on the Nursing Council on National Defense. In Illinois, Miss Hawkinson is chairman of the committee on education of the Chicago Council on Community Nursing, chairman of the committee for the improvement of patient care of the Illinois League of Nursing Education,

to consider research projects of the Illinois State Nurses' Association.

Peter Kavula has recently been appointed to the post of chief bracemaker and head of the brace shop at Michael Reese Hospital, Chicago, From 1940 through 1945 he worked on braces and artificial limbs and with paraplegic war veterans in the army. During this time he set up and trained personnel for 12 brace shops throughout the country. In 1949 he organized a brace shop in Cincinnati.

Dr. Herman Frederick Boerner Jr.

has been appointed to the staff of the Woods Schools, Langhorne, Pa., as consulting psychiatrist. Dr. Boerner, a graduate of the University of Wisconsin and Rush Medical College, has been a resident in psychiatry at Philadelphia General Hospital, a member of the staff and instructor in psychiatry at the University of Pennsylvania medical school, psychiatrist of the medical division of the Municipal Court of Philadelphia, and psychiatrist of the child study center of the institute of the Pennsylvania Hospital.

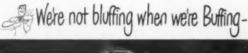
Mary Ellen Manley, R.N., has retired as director of the office of nursing education and nursing services of the New York City Department of Hospitals, Miss Manley also will give up her job as head of the nursing services section of the medical emergency division of the Office of Civil Defense. Under her supervision, 8000 nurses have been trained for duty in case of an atomic attack. She has served as staff nurse (public health) for the Association for the Aid of Crippled Children and assistant superintendent and later superintendent of nurses at Fordham Hospital, New York City. Miss Manley is chairman of the national committee for the improvement of nursing services of the joint board of the six national nursing organizations.

Dr. Robert E. Campbell has been named assistant director of laboratories at Aultman Hospital, Canton, Ohio, where he will be associated with Dr. D. G. Henderson, director of the department. Dr. Campbell was recently associated with the New York State Department of Health and was in charge of local laboratory affairs. A graduate of the University of Iowa College of Medicine, he is a member of the Royal Society of Medicine in England, the American Association of Military Surgeons, the American Chemical Society and the American Association for the Advancement of Science.

Philip R. Hagan has been appointed purchasing agent at the Decatur and Macon County Hospital, Decatur, Ill. Mr. Hagan recently has returned from military service and was assistant to the administrator for six months prior to entering military service.

Miscellaneous

Dr. Will H. Aufranc has been named director of the Health Resources Staff which has been established within the Office of Defense Mobilization. In the performance of its functions, the Health Resources Staff will be responsible for





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expert-the Johns-Manville Approved Built-Up Roofing Contractor. And it will cost you only the trouble of asking for it.

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the O.D.M. health resources advisory committee.

Mary F. Pollard has joined the staff of the National Society for Crippled Children and Adults as consultant in cation. Her former position was as a health educator in the New Mexico Department of Health. Prior to this Miss Pollard was field representative for the University of New Mexico's community organization program. She also conducted institutes for rural community leaders at the university and assisted in of the N.S.C.C.A.

providing all necessary staff services to organization of the New Mexico Health Council. Another appointment made by the National Society for Crippled Children and Adults is that of Harry V. Gilson as director of education. Mr. Gilson, who has held the post of associate community organization and health edu- commissioner of education in New York since 1947, was previously state commissioner of education for Maine, from 1941 to 1946, as well as national director of the resident training center of the National Youth Administration, Washington, D.C. Irene K. Rowland has been appointed to the public education staff

Dr. Arthur R. Colwell has been elected president of the American Diabetes Association. Dr. Colwell, who is chairman of the division of medicine of Passavant Memorial Hospital, Chicago, has served for several years on the council of the diabetes group. He also is a founder and past president of the Chicago Diabetes Association.

Arthur A. R. Nelson, superintendent of Swedish Covenant Hospital and of Covenant Home of Mercy, Chicago, died August 22 in the hospital. He was vice president of the Chicago Hospital Association, former president of the Illinois State Association of Homes for the Aged. and former secretary and treasurer of MacNeal Memorial Hospital, Berwyn,

Ray von Steinen, administrator of Wyandotte General Hospital, Wyandotte, Mich., died recently. He was president-elect of the Detroit Area Hospital Council and was to have been admitted as a nominee of the American College of Hospital Administrators at the September convocation.

Dr. Lloyd French, administrator of the Southside District Hospital at Mesa, Ariz., died suddenly September 9 following a heart attack. Dr. French, who was formerly in the education field, had as his first post in the hospital field that of administrator of the Citizens Hospital, New Kensington, Pa. He later was associated with the Knickerbocker Hospital, New York City, and from there took over the position at Mesa, Ariz.

Katherine Russell, a former hospital executive, died September 3 after a long illness. Miss Russell was assistant superintendent of the Brooklyn Hospital, Brooklyn, N.Y., from 1914 to 1929. She then became superintendent of the Adelphi Hospital in Brooklyn, holding this position until 1941. From 1941 until her retirement a year ago she was administrator of the New York Committee on the Study of Hospital Internship and Residency. During World War II Miss Russell participated in many Red Cross fund raising campaigns and drives of the United Hospital Fund.

J. C. Byrd, a graduate of the Northwestern University course in hospital administration and administrator of the Mound Park Hospital, St. Petersburg, Fla., died recently. He was to have been admitted as a nominee of the American College of Hospital Administrators at the September convocation.



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Florida Hospital Has Interracial Staff

TALLAHASSEE, FLA.-The new interracially staffed hospital on the campus of Florida Agricultural and Mechanical College here features a soundproof "quiet room" for noisy child patients and a special "father's room-and-bath" that is rented to floor-pacing fathers who must wait out the night.

The 105 bed institution, completed last winter at a cost of \$2,000,000, is the third college-connected hospital

maintained for Negroes in the South. A. and M. College has a four-year col-The hospital serves a large area including Leon County, which embraces 30,000 Negro residents of Tallahassee. and five adjacent counties, plus a part of Southern Georgia.

The hospital medical director, Dr. L. H. B. Foote, stressed the need for more Negro physicians in the country and expressed the hope that similar interracial cooperation may be extended to other areas where new hospitals for Negroes are needed urgently. Florida

legiate nursing school, but no medical school

Built with state aid under the federal Hill-Burton Act and to be operated with state aid, the new hospital is the outgrowth of the college infirmary which Dr. Foote headed for 24 years.

Except for a health club fee of \$6 each semester, the 2100 college students receive all of their medical and hospital treatment without charge. Clinic patients pay \$0.50 if they are able to do so. Inpatients are charged \$6 for a ward bed, \$8 for a semiprivate room, and \$10 for a private room.

S. Tanner Stafford, the administrator, served in a similar capacity at the Norfelk Community Hospital, Norfolk, Va., and also at Goodridge Hospital in New Orleans.



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THE BOOK SHELF

TRANSCRIPT OF THE INSTITUTE FOR HOSPITAL ENGINEERS. Conducted by the American Hospital Association. St. Louis, April 24-28, 1950.

The content of this excellent institute is noteworthy for its emphasis on (a) preventive maintenance programs, including carefully scheduled inspection routines; (b) proper selection of all types of personnel for the engineering and maintenance departments, and (c) carefully developed training programs for these employes.

Harvey J. Caddell, Harper Hospital, Detroit, dealt with the development of inspection routines and the keeping of proper equipment records. Sam Gilmer Jr., Division of Medical and Hospital Resources, U.S. Public Health Service, gave a fine presentation on selftraining for the engineer and suggested a group of check points which would be helpful in furthering the training.

The lecture by John McNutt of Grace Hospital, Detroit, describing just how training programs work, was excellent and his list of examination questions to use in determining the suitability of workers for various jobs in the mechanical department is particularly

Leland J. Mamer, now administrative assistant in charge of buildings and grounds, Roosevelt Hospital, New York City, and T. Joseph Hogan, chief of

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the construction and maintenance sec- practices in operating rooms was comtion, Division of Hospitals, U.S. Public Health Service, presented practical and valuable material on the problems of handling steam in a hospital and on the maintenance of boilers and other equip-

George K. Hendrix, chief, construction and maintenance section, Division of Hospitals, Illinois Department of Public Health, did an excellent job in pointing out sanitary hazards in a hospital. His treatment of the subject of back siphonage was highly practical.

The lecture by George Buck on safe the transcript of this hospital institute.

plete, clear and of tremendous importance. Mr. Buck is director of University Hospitals in Baltimore and as chairman of the safety committee of the American Hospital Association and the National Fire Protective Association, he has been actively working on the subject of safe practices in operating rooms for a number of years. His lecture clearly displayed the results of his close application to this important problem.

Hospital administrators and their assistants are particularly urged to read Top executives in hospitals need the information even more than do operating engineers.-EVERETT W. JONES.

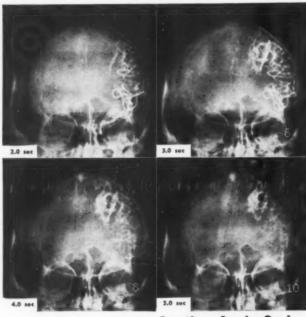
PROCEEDINGS OF THE SOUTHERN CON-FERENCE ON HOSPITAL PLANNING, Biloxi, Miss.

Unlike the usual published proceedings of institutes such as this one, these particular proceedings were carefully edited by E. Todd Wheeler and constitute a textbook on practically every problem revolving around hospital planning, construction and operation. An added and extremely valuable feature of this publication is the brief summary of each paper worked out by Mr. Wheeler. From the first paper on the survey of the community needs for a hospital by Dr. MacKenzie of New Orleans right straight through each technical discussion, this publication presents a tremendous amount of practical information for everyone concerned with the planning, building, equipping and operating of hospitals in this country.

Dr. John McGibony's excellent paper on programming the hospital brings out many points which far too often are forgotten by the local building and planning committees. Isadore Rosenfield of New York City gives a classic bit of information on preparation of the schematics of the planning stage. Dr. Carl Walter's discussion on aseptic technic follows along the lines of his well known textbook on this same subject. In discussing the mechanical, electrical and engineering features of a hospital building, Charles Daniel of Baltimore and T. Joseph Hogan, formerly chief engineer of the Buffalo General Hospital and now chief of the construction and maintenance section, Division of Hospitals, U. S. Public Health Service, emphasize many practical points which are sometimes forgotten by the architect and usually forgotten by the hospital administrator and the building committee. The discussions of these two engineers alone are worth the small price of this excellent volume.

The concluding technical paper of the institute given by Roy Hudenberg covers in a very satisfactory manner the important subject of safety.

Another point of particular interest in this book is the coverage of the student competition held in connection with the American Institute of Architects. The prize-winning designs and honorable mentions submitted by the students covering a 35 bed hospital are covered completely .- EVERETT W. JONES.



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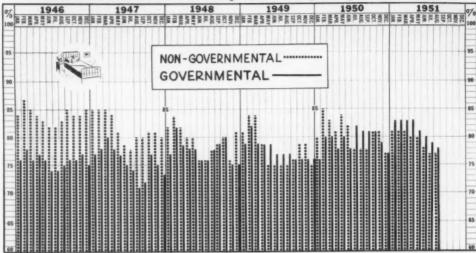
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Of the 86 projects for this period, 25 pital construction figures continue to were new hospitals totaling \$63,226,874. There were 57 additions and three new nurses' homes. Of these, 51 additions cost \$48,872,239, and the nurses' homes under construction cost \$1,110,000.



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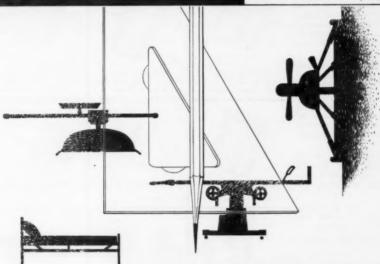
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ADMINISTRATOR-Age 43: M.B.A. Hospital Administration; 6 years experience; capable of handling building and modernization program; 11 years bookkeeping credit and business agement experience; member A.C.H.A.-A.H.A.-A.P.H.A.; willing to go anywhere. MW 50, The Modern Hospital, 919 N. Michigan Avenue, Chicago 11.

ADMINISTRATOR—100-bed hopital or larger: experience includes administrator of 100-bed hopital, eight years as assistant administrator of 250-bed hospital, duties also included purchasing, personnel and public relations: 6 years' public accounting and additing experience: immediately available. MW 64. The Modern Hopital, 919 N. Michigan Avenue,

DIRECTOR—Personnel; connected with hospitals three years; excellent personnel background; Master's Degree in psychology; youns, efficient, draft exempt; begin January. MW 55, The Modern Hospital, 919 N. Michigan Avenue, Chicago 11.

DRUG RESEARCH-Pharmacologist, Ph.D., proved producer in university and pharmaceu-tical industry research, wants position of comparative pharmacologist in medical center working in correlation with and complement-ing clinical research done under grants. MW 58, The Modern Hospital, 919 N. Michigan Avenue, Chicago 11.

RADIOLOGIST-Fully certified; fifteenth year manusculust — Fully certified; fifteenth year in specialty; well trained, wide hospital experience; age 41; available immediately or near future; now in private practice. MW 49, The Modern Hospital, 919 N. Michigan Avenue, Chicago 11.



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ADMINISTRATOR - B.A. Middle Western ADMINISTRATOR — B.A., Middle Western university; six years, assistant administrator, large teaching hospital; seven years, director, voluntary general hospital, 300 beds; FACHA.

ADMINISTRATOR—B.S., Business Administration; M.S. Hospital Administration; four years' accounting experience before specialising; administrative internship, teaching hospi-tal; three years, administrative assistant, 400-bed hospital; wishes assistant directorship, large hospital or directorship small hospital.

ADMINISTRATOR—Medical; five years, director, voluntary general hospital, 500 beds; six years, director, teaching hospital and on faculty university school of hospital adminisfaculty university tration; FACHA.

ADMINISTRATOR, NURSE-B.B.A., Business Administration; nine years, administrator, 80-bed hospital; seeks greater responsibilities; member American College Hospital Adminis-

MEDICAL BUREAU-Continued

ANESTHESIOLOGIST-Trained at university medical center: eight years, private practice anesthesiology; Part I, American Board com-

PERSONNEL DIRECTOR-Master's Degree, Business Administration; several years, per-sonnel director in industry; past six months, personnel director, large teaching hospital.

PHARMACIST-B.S., Pharmacy; eight years charge of pharmacy 200-bed hospital.

RADIOLOGIST—Diplomate American Board: Fellow American College of Radiology; seven years, director, radiology, 390-bed hospital: now radiologist, group limiting purchase to radiology; prefers directorship, hospital de-

PATHOLOGIST—Eight years, professor and head department pathology, university medical school and director of pathology, 350-bed hos-pital; Diplomate, FCAP.

SOCIAL WORKER—M.A.; 6 years, psychia-tric social worker, state health department; 2 years' instructor, department social science. small university.

For further information, please write Burneice Larson, Medical Bureau, Palmolive Building, Chicago.



ADMINISTRATOR—\$2; B.S. State University: MS, Hospital Administration: years administrative residency: 1 year, administrator, small southern hospital; 1 year, assistant administrator, 300-bed hospital; seeks assistant-ship, large hospital or administrator 100-bed hospital.

ADMINISTRATOR—34: B.S., M.S., Hospital Administration; years hospital administrative residency, large eastern hospital; seeks assistantship large hospital, domestic or foreign.

ADMINISTRATOR-Medical; 41; several year ADMINISTRATOR—acquest; 41; several years associate medical director southern hospital clinic; prefers west coast; excellent commercial business experience before graduating in

RADIOLOGIST-Certified in diagnostic and RAINFLAURITE—Certified in diagnostic and therapeutic: aix years, radiologist, veterans hospital; past several years, consulting ra-diologist several large hospitals and private practice of radiology; qualified in cancer ra-diology; will teach part time; available im-mediately.

RADIOLOGIST—87: Certified in both; past 5 years, chief, radiology, 225-bed general hospital and, also, private radiological practice; interested resident and intern teaching.

(Continued on page 192)

WOODWARD-Continued

PATHOLOGIST—40: Certified in both; five years, head pathologist several hospitals and professor and head, department of pathology, university medical school; 2 years, assistant surgeon, cancer institute; interested hospital or research; part time teaching.

ANESTHESIOLOGIST — 31: Spanish; born Puerto Rico; excellent feilowship, anesthesiologis; university hospital; presently anesthesiologist eminent group in Puerto Rico, seeks group or hospital with research; will teach. group or ho any locality.

INTERSTATE HOSPITAL AND PERSONNEL BUREAU Miss Elsie Dey, Director 332 Bulkley Building Cleveland, Ohio

EXECUTIVE HOUSEKEEPER-Course, institutional management; 4 years' housekeeper, nurses' residence; 6 years' 300-bed hospital, Pennsylvania.

DIRECTOR OF NURSING — B.S. Degree, Columbia University: M.A. Degree, Education; 5 years" assistant directress. 400-bed hospital; east; 10 years' experience, director of nursing, and assistant administrator

BUSINESS MANAGER—Or comptroller; 3 years' office manager; 4 years business manager, large municipal hospital; any locality considered.

PURCHASING AGENT—4 years' storeroom keeper; large Veterans Administration hos-pital; 2 years' assistant administrator, 566bed hospital; present position past two years purchasing executive.

ADMINISTRATOR-F.A.C.H.A.; 20 years experience, 100-250-bed hospitals; excellent record; recommended as organizer; available.

MEDICAL PERSONNEL EXCHANGE Nellie A. Geult, R.N., Director 4707 Springfield Avenue Philadelphia 43, Pennsylvania

ADMINISTRATOR-Lay; 100-bed hospital, or larger; previous experience, assistant adminis-trator 500-bed general hospital personnel and public relations director, hospital and indus-try; man of exceptional ability, age 32; top recommendations; available about January recommendations; available about Ja-lst; Middle Atlantic or northeast states.

POSITIONS OPEN

ANESTHETIST—Well trained and experienced; general hospital of 141 adult beds for white women only; salary open; maintenance if desired. Apply, Director, The Hospital for the Women of Maryland, Baltimore 17, Mary-

ANESTHETIST—Nurse; for 450-bed general hospital; beginning salary, 3330 per month; two weeks' annual vacation, sick leave. Apply Personnel Office, The Queen's Hospital, Hono-

classified adver

POSITIONS

ANESTHETIST—Nurse; starting salary \$300. maternity and general service; sick leave and paid vacation, also six national holidays paid: 80-bed, fully approved hospital; call rotated with 3 nurse anesthetists under medical anesthetist, MO 34, The Modern Hospital, 919 N. Michigan Avenue, Chicago 11. ANESTHETIST—Nurse; for 300-bed hospital; four anesthetists now on service; salary open. Apply, D. W. Hartman, Superintendent, The Williamsport Hospital, Williamsport, Pennsylvanis.

ANESTHETIST-Nurse; night duty, 80% of ANESTHETIST—Nume: hight duty, 80% of anesthesia for obstetrical patients; department headed by medical anesthesiologist; 250-bed hospital; city 50,000; 75 miles from New York City; salary open. Apply, Administrator Vassar Brothers Hospital, Poughkeepsie, New

York.

ANESTHETIST—Nurse: 187-bed general hospital: 15 miles north of Pittsburgh, Pennsylvanis: salary, 3275-390 plus meals and laundry; 30-hour week policy: 28 days vacation; 10 days sick leave: 5 holidays or equivalent. Apply, Superintendent, Sewickley Valley Hospital, Sewickley, Pennsylvania.

ANESTHETIST—Nurse: for amail hospital in attractive college town, western Pennsylvania: surgical and obstetrical anesthesia; minimus salary \$4325 per month. MO 25, The Modera Hospital, 919 N. Michigan Avenue, Chicago 11.

ANESTHETIST Nurse: for 162-bed hospital ANESTHETIST—Nurse; for 162-bed hospital expanding to 231; convenient to Pittsburgh, 1-hour; 4 anesthetists employed; salary \$300 monthly with periodic raises and maintenance plus sick leave, holiday time, 1 month vaca-tion; excellent working conditions. Apply, Charleroi-Monessen Hospital, Charleroi, Penn-

ANESTHETIST—Nurse: 600-bed university connected hospital; department directed by medical anesthetist; meads, laundry, vacation, sick leave, hospitalization allowed. Apply, Director, Department of Anesthesia, John Gaston Hospital, Memphia, Tennessee.

ANESTHETISTS-Nurse; two urgently needed: modern, well equipped, 100-bed hospital, employing only graduate staff; attractive loca-tion within forty minutes of San Francisco; Soday week: excellent salary; maintenance available. Administrator, Alameda Hospital, Alameda, California.

ANESTHETISTS—Immediate openings for two qualified nurse anesthetists in fully approved 210-bed hospital; medical supervision. Write Daniel C. Moore, M.D., Director of Anesthe-siology, Virginia Mason Hospital, Seattle 1,

ANESTHETISTS Nurse; general 188-bed hospital; no obstetrics, excellent personnel policies; starting salary \$350; maintenance optional. Apply, Superintendent, Trinity Hospital, Minot, North Dakota.

Continued on page 194

BUSINESS MANAGER Registered nurse pre staffed; 25-bed clinic hospital; modern, well staffed; resort area; immediate opening; ex-cellent opportunity. MO 45, The Modern Hospital, 919 N. Michigan Avenue, Chicago 11.

COOK 200-bed hospital in Michigan, located in city of 200,000; pleasant surroundings; 44hour week; salary commensurate with ex-perience and qualifications. MO 41, The Mod-ern Hospital, 919 N. Michigan Avenue, Chicago 11.

DIETITIAN Registered; wanted for a fully approved 150-bed hospital; good salary and pleasant surroundings. Apply Mother Marie, Maryview Hospital, Portamouth, Virginia.

DIETITIAN—Therapeutic: 300-bed approved general hospital, in central Pennaylvania. Ap-ply, D. W. Hartman, Administrator, The Wil-liamsport Hospital, Williamsport, Pennaylvania.

DIETITIAN—200-bed hospital in Michigan, located in city of 200,000: pleasant surround-ings; salary commensurate with experience and qualifications. MO 39, The Modern Hospital, 919 N. Michigan Avenue, Chicago 11.

DIETITIAN-Chief: for modern 130-bed bospital, soon to be increased to 200 beds; located on beautiful site near town of 38,000; excellent on beautifu size near town of 30,000; excerted beginning salary with periodic increases every six months for two and a half years to a high of \$390; paid vacations, Social Security, new equipment. Apply to Jackson-Madison County General Hospital, Jackson, Tennessee

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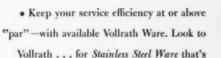
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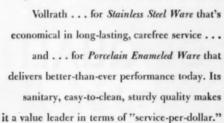






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DIETITIAN—Position open to experienced applicants December 1, 1951, for La Crosse, Lutheran Hospital, La Crosse, Wisconsin; 145 beds; salary will be negotiated. Write, Stanley Sima. Administrator.

DIETITIANS—Baltimore City Hospitals, Baltimore, Maryland: invites inquiries about positions for dietitians, which are now open; dietary department is rapidly expanding and currently serves 6900 meals per day; good salaries and desirable personnel practices.

DIETITIANS—Large teaching hospital has openings for assistant dictitians in therapeutics and administration; ADA membership required: 40-hour week; located in the University Circle district near Western Reserve University campus, Cleveland Museum of Art and Severance Symphony Hall. Apply, Director of Dietetics, University thospitals of Cieveland, 2065 Adelbert Road, Cleveland, 6, Ohio.

DIRECTOR—Educational: in 265-bed hospital with approximately 80 students: located in east near large cities: building program being planned; must have Master's Degree and experience; will be expected to teach and reorganize curriculum; in line for advancement to director of school of nursing in near future: salary open. MO 42, The Modern Hospital, 919 N. Michigan Avenue, Chicago 11.

DIRECTOR OF NURSES—Assistant; B.S. Degree: experience of 1 to 2 years in the Seld: Fennsylvania registration; salary, \$2700 to \$3900 a year; liberal personnel policies: 300-bed hospital. Apply to the Director of Nurses, Lancaster General Hospital, Lancaster, Pennsylvania.

DIRECTOR OF NURSING — Qualified for nurses' training school, in coordinated school of nursing; 105-bed hospital; salary \$325 per month or \$310 per month with room, meals and laundry. MO 43, The Modera Hospital, 919 N. Michigan Avenue, Chicago 11.

ENGINEER—Certified; steam; with experience in high-pressure steam maintenance in a bospital. Write Administrator, Seward Sanatorium, Seward, Alaska.

HOUSEKEEPER—200-bed hospital in Michigan, located in city of 200,000; pleasant surroundings: 4d-hour week; salary commensurate with experience and qualifications. MO 40, The Modern Hospital, 919 N. Michigan Avenue, Chicago 11.

HOUSEKEEPER—Assistant; for 450-bed hospital in Pennsylvanis; located in pleasant surroundings; 45-hour week; salary commensurate with experience and qualifications; all replies held confidential. MO 44. The Modern Hospital, 919 N. Michigan Avenue, Chicago, 11.

(Continued on page 196)

INSTRUCTOR—Science; for 100-bed general hospital school of nursing; good working and living conditions; salary open, depending upon training and experience. Apply, Director of Nursing Science, Pulaski Hospital, Pulaski, Virginia.

INSTRUCTORS—Clinical and Science: for 400-bed voluntary hospital with school of nursing fully approved; experienced person preferred, will consider recent graduate; starting salary open; excellent maintenance facilities If desired. Apply Personnel Director, Christ Hospital, Cincinnati 19, Ohio.

INSTRUCTORS—Surgical nursing, surgical clinical and medical clinical for school of 160 students in 500-bed hospital; 44-hour week; salary \$280 plus one meal and laundry up, dependent upon experience and preparation; liberal leave and sick leave benefits; degree preferred; openings September and January; shopping, cultural and advanced educational opportunities in easy reach. Write, Director of Education, Missouri Baptiat Hospital, 919 North Taylor Avenue, St. Louis S. Missouri.

INSTRUCTORS—Clinical: for operating room and obstetric nursing; fully approved 240-bed bospital with expansion to add 260 beds; large student body; fully approved school of nursing; university affiliation; 40-hour week; inservice programs; salary open. MO 46, The Modern Hospital, 919 N. Michigan Avenue, Chicago 11.

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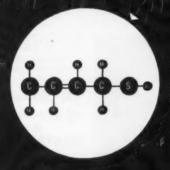
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POSITIONS OPEN

LIBRARIAN—Record; 30-bed hospital; approved American College; nalary \$776; 5% days; must be registered; no men considered. Apply, Charles W. Sechrist, M. D., Superintendent, Flagstaff Hospital, Inc., Flagstaff, Arisona.

LIBRARIAN—Medical record: 300-bed general hospital in central Pennsylvania: salary open. Apply, The Williamsport Hospital, Williamsport, Pennsylvania.

MISCELLANEOUS—Well qualified Director of nurses for 250-bed North Carolina Hospital: also Dictitian, ADA, for same institution. Memorial Mission Hospital, Asheville, North Carolina.

MISCELLANEOUS—Psychiatrie nurses: Psychiatrie nurse instructor; for attendant program: Supervisors, Head nurses, Staff nurses; 8-hour day, 44-hour week, 14 days vacation; 12 days sick leave a year, all holidays; wages range from \$200 a month to \$232 a month to located 50 miles from Chicago and 12 miles from Chicago and 12 miles from Lake Michigan; convenient transportation via South Shore train; brand new state mental hospital. Apply, Director, Bestty Memorial Hospital, Westville, Indiana.

MISCELLANEOUS—Clinical instructor: one year's post-graduate study in teaching and supervision at a university; necessary qualifications: experience as bead nurse and nurse and nurse are under the state of the stat

MISCELLANEOUS—General staff nursee, also one nurse anesthetist eligible for registration in Colorado; 144-bed hospital lecated in southers Colorado near mountain resorts; 44-hour work week, libeard personnel policies, including Social Security. For Information write, Director of Nursee, Perkview Episcopal Hospital, Pueblo, Colorado.

MINCELLANEOUS — Nurse aneathetist and Physical theraplist wanted immediately at Kadlee Houpital, Richland, Washington; operated by General Electric Company for the Atomic Energy Commission; Kadlee Hospital is a completely modern 103-bed general hospital is a completely modern 103-bed general hospital located in the Pacific Northwest; it is ACS approved and offers very attractive salaries; operated by General Electric, it also has liberal camployee benefits including sick leave, paid vacations, pensions, low cost life and health insurance and stock honus plans. For details, wire collect name and address, Administrator, Kadlee Hospital, Richland, Washingtoni, 2002.

MISCELLANEOUS—Registered nurse anesthetist: to supervise 17-bed hospital, give aniethetics: every other week-end off; paid vacation, sick leave, six holidays: salary \$460 per month, room, board, laundering of uniforms: experienced Surgical nurse; salary \$225 per month: call every other night. Apply, Robstown Hospital, Inc., Robstown, Texas.

MISCELLANEOUS—Supervising nurse for brand new tuberculosis sanatorium in beautiful San Mateo County, California: salary range 3332-415: excellent working conditions; positions also available for Head nurse, 227-371 and Staff nurses, 3266-332 and Hospital attendants, 2213-256. San Mateo County Civil Service Commission, Courthouse, Redwood City, California.

MISCELLANEOUS.—Two floor nurses for Arison: two temporary nurses, one for five months, other for 6 months, for New Mexico: Nurse administrator; two general duty nurses natethetiat and community hospital nurse for Alaaks; graduate, single nurses with college degree preferred: candidates must be in good health and willing to participate in religious programs. Write, Presbyterian Board of National Missions, Room 798, 156 Fifth Avenue, New York 16, New York 18, New York 19.

NURSE—Staff; registered; female only; 30-bed approved hospital; aslary \$220, complete maintenance. Apply, Charles W. Sechrist, M. D., Superintendent, Flagstaff Hospital, Inc., Flagstaff, Arizona.

(Contiuned on page 198)

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POSITIONS OPEN

NURSE—Operating room; for 120-bed modern tuberculosis hospital; starting salary \$200 per month, plus full maintenance; 44-bour week; day duty only; 2 weeks' vacation and 2 weeks' sick leave yearly; group insurance and retirement plan. Clark County Tuberculosis Sanatorium, Springfield, Ohio.

NURSE—Instrument: \$500 per month plus full maintenance; 70-bed hospital; western Pennsylvania college town. MO 30, The Modern Hospital, 919 N. Michigan Avenue, Chicago 11.

NURSE—Registered; for general duty; means while on duty and laundry of uniforms. Apply Business Manager, Floyd County Co-operative Hospital, Lockney, Texas.

NURSE—Registered; with post-graduate work in pediatrica: 125-bed approved hospital, Apply, Sacred Heart Hospital, Havre, Montana.

NURNES—General duty: positions available in Alameda, Berkeley, Oakland, Richmond and other California East Bay cities: nurses resistered in their home states or Canada can secure temporary permits to practice nursing in California until January 1, 1984 without examination; permits may be secured by applying to the California Rate Board of Nurse Examiners, Sacramento, California; the foilowing salaries and personnel practices have been established for nurses in the above area: starting salary \$240 per month, \$2.50 per month tenure increases for each six months of service to a maximum of three years; a premium of \$10 per month is paid for night and evening duty; a \$10 premium is also paid for delivering room or operating room duty; \$40-hour week, two weeks vacation for each year's service; 7 paid holidays; sick leave cumulative to 20 work days; Buc Cross Hospitalization Insurance paid by the boapital; for further information, write directly to the Director of Nurses of one of the following hospitals: Alameda Hospital, Alameda; Al-bany Hospital, Alameda; Al-bany Hospital, Alamed; Concord Hospital, Concord; East Ray, Oakland; Concord Hospital, Concord; East Hospital, Berkeley; Children's Hospital of the East Bay, Oakland; Concord Hospital, Concord; Last Hospital, Oakland; Peratta Hospital, Oakland; Peratta Hospital, Oakland; Peratta Hospital, Oakland; Pittsburgh; Providence Hospital, Oakland; Richmond Hospital, Richmond.

NURSES—Operating room and obstetrical: California hospital on San Francisco Bay; forty minutes from that city; 5-day week; salary \$250 per month if applicant has advanced preparation or experience; \$10 additional for evening and night duty; maintenance available. Director of Nursing, Alameda Hospital, Alameda, California.

(Continued on page 200)

NURSES—Registered; graduate; for general duty in eye, ear, nose and throat services and speciality; salary \$252 per month for 44-hour week with increases in six months, one year and two years; all do differential for evening and night duty; \$490 per month additional for psychiatric nursing; social security provided. Apply Superintendent of Nurses, McMillan Hospital, \$40 South Kingshighway, St. Louis, Missouri.

NURSES—Recent or experienced graduates for floor duty and supervisory openings; 6bed private hospital; 5-day week schedule. Write, John C. Richard, Administrator, East End Memorial Hospital, 7916 Second Avenue, South, Birmingham 6, Alabama.

NURSES—General duty; for small, 25-bed community hospital with cheerful and friendby atmosphere; fully accredited active member of AHA; salary \$165 plus full maintenance and uniform laundry; increases at 6 month intervals to \$180; paid vacation and sick leave. Apply, Superintendent, Edgerton Memorial Hospital, Edgerton, Wisconsin.

NURSES—Registered; for 5½-day week; paid vacations; 8 paid holidays per year; permanent employment; starting salary for genearal duty \$220 per month with \$5 raise every six months for two years; maintenance is available at the hospital for \$40 per month. For further information contact, Superintendent of Nurses, Yuma General Hospital, Yums, Arisona.

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POSITIONS

NURSES—Registered: graduate; for general duty; gives opportunities for experience in all types of medical and surgical services and specialities, including out-patient department; salary \$225 per month for 44-hour week, with increases at all ix monthles, one year and two years; \$20 differential for evening and night duty; \$30 per month additional for psychiatry; social security provided. Apply Superintendent of Nurses. Barnes Houpital, \$60 South Kingshighway, St. Louis, Missourl.

NURSES—Graduate: for new 50-bed general hospital in thriving village. Catakill Mountains. 8-bour day. six-day week, time-and-on-half for overtime after 40 hours, rotating shifts: average gross cash salary \$200 to \$210 month: full maintenance available for \$10.50 week. Apply Superintendent Nurses, Margaretville Hospital, Margaretville, New York. Phone Margaretville 50.

NURSES Operating room; needed in 292-bed general hospital fully approved; liberal personnel policies; experience in operating room required: advanced preparation preferred; bonus paid for on call; rooms available in nurses 'residence if desired. Apply Director of Nursing. The Mercer Hospital, Trenton 8, New Jersey.

NURSES-Registered nurses, men and women; for state hospital assignment; for operating room, tuberculosis and psychiatry, staff nurses,

head nurses and supervising nurses; also registered psychiatric nurses with college degrees as instructors for affiliating schools of psy chiatric nursing; salaries ranging from \$2400 chiatric nursing; salaries ranging from \$2400 to \$4824; opportunities for advancement; excellent retirement and insurance plan; positions and salaries meet approved employment standards of State Nurses' Association. Write, Division of Personnel Service, Department of Public Welfare, State Armory, Springfield. Illinois

NURSES—General duty; come to Miami, the south's vacation land: 600-bed, rapidly expanding general hospital: beginning salary \$218; excellent opportunity for advancement; a weeks vacation and 7 holidays annually; semi-private rooms for three months at nominal fee. Apply Director of Nursing service, Jackson Memorial Hospital, Miami 36, Florida.

NURSES—General duty; for 360-bed general bospital; starting salary \$175 per month with maintenance; \$209 per month with partial maintenance; rotating shifts; two weeks' va-cation; 36 days' sick leave; 6 holidays yearly with pay; 44-bour week; college courses avail-able through night classes at local university. Apply Director of Nursing, Greenville General Hospital, Greenville, South Carolina.

NURSES-Staff and operating room: 5-days, 40-hours, 8 holidays and vacation with pay: so-nours, a noticity and avacation with pay: initial salary \$220 plus laundry; increases at 6 and 18 months; additional pay for evening and night assignments and for operating room calls. Apply, Director of Nursing, St. Luke's Hospital, New York 25, New York.

(Continued on page 202)

NURSES—Psychiatric; men and women; for general duty positions open in a psychiatric wing of a 750-bed hospital. Write, Director of Nursing, Buffalo General Hospital, 100 High Street, Buffalo, New York.

NURSES—Graduate: general staff, in all de-partments; surgical serub and obstetrical in 164-bed hospital; 8235 monthly with year end raises; 44-hour week and 316 differential for evening or night shifts; 12 days sick leave, two weeks vacation. Apply, Mrs. Ruth Gar-land, R. N., Superintendent of Nurses, Memo-rial Hospital of Natrona County, Casper,

NURNES—Staff: eligible for registration in Michigan; needed for all services in modern 200-bed hospital; salary \$226 per month for 40-hour week; 6 months increase; \$10 extra for 3-11 and 11-7 duty; 7 paid holidays; 2 weeks vacation and 12 days sick leave per year; cafeteria meal service; laundry furnished. Apply. Superintendent of Nurses, Pontiac General Hospital, Pontiac, Michigan.

NURSES-Surgical and general duty: starting NURSES—Surgical and general duty: starting salaries: surgical, 245; general duty, 2435; 40-hour week: 110 differential evenings and nights: 100-hod general hospital, excellently equipped: Social Security, Blue Cross, 7 holidays, 14 days waestion, 12 days sick leave: rental housing available. Apply, Superintendent of Nurses, Culver City Hospital, Culver-City, Los Angeles, California.



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NURSES—Pediatrie: for 200-bed teaching institution, located in residential section of city; good personnel policies: minimum salary is 3200 per month; one meal a day while on duty: 41½ hour week; 7 holidays; housing may be secured in nurses' residence. Apply, Director of Nursing, Children's Hospital of Buffalo, 219 Bryant Street, Buffalo, New York.

NURSES—Staff: for a general hospital on medical, surgical and obstetric services: also vacancies on operating room staff: good personnel policies. Apply to Director of Nursing, Buffalo General Hospital, 100 High Street. Buffalo, New York.

SUPERVISOR—Maternity: 18 bassinets, building: satisfactory experience and/or post-graduate training: salary open; automatic increases, 40-hour week; 2 weeks vacation after first year. MO 32, The Modern Hospital, 919 N. Michigan Avenue, Chicago 11.

SUPERVISOR—Medical, surgical floor; 80-bed general hospital: salary open; automatic increases, 46-hour week, 2 weeks paid vacation after first year; experience and/or advanced training required. MO 33, The Modern Hospital, 919 N. Michigan Avenue, Chicago 11.

SUPERVISOR—Operating room; 80-bed general hospital: satisfactory experience and/opost-graduate work desired; salary open; 40-bour week, 2 weeks paid vacation after first year; automatic wage increases. MO 31, The Modern Hospital, 919 N. Michigan Avenue, Chicago 11.

SUPERVISOR—Operating room; for 100-bed general hospital, located in southwest Virginia; excellent working and living conditions; salary open. Apply, Superintendent of Nurses, Pulaski Hospital, Pulaski, Virginia.

SUPERVISOR—Operating room; for 289-bed hospital with new building program; salary dependent on qualifications. Write, Director of Nurses, Hamot Hospital, Erie, Pennsylvania.

TECHNICIAN—Laboratory: 200-bed general hospital; general laboratory work; 44-bour week; starting salary \$175 per month; 7 holidays, vacation, sick time allowance. Apply, Director, Franklin Square Hospital, Baltimore, 23, Maryland.

TECHNICIAN Laboratory; willing to learn x-ray; salary, \$210 to start; some maintenance; new equipment, nice staff, pleasant community. Write, Superintendent, Horatio N. Woodward Memoriai Hospital, Sandwich, Illinois.

(Continued on page 204)



The Medical Bureau

PALMOLIVE BUILDING

CHICAGO

ADMINISTRATORS—(a) General bospital, 350 beds: construction to commence early date: should be qualified to direct organizational uncurars: attractive boeation; west. (b) Tuberculesis and communicable disease institution; 250 beds: east. (c) Medical: fairly large hospital, services general and tuberculosis: \$12,000 including home: Pacific Coast. (d) Assistant medical director; large teaching hospital; outstanding opportunity. (e) Lay; small bospital, college-community operated: Pacific Northwest. (f) New non-profit general hospital, 250 beds: completion early date; university center, midwest. (g) New hospital to replace long established hospital; 350 beds, general; winteresort city, south. (h) Voluntary, non-profit hospital, 150 beds, serving community of \$5,000, vicinity New York City. (I) Lay; group of hospitals serving community of \$5,000 vicinity New York City. (I) Young lay administrator to direct large outpatient department; should be qualified to serve an assistant director; large voluntary hospital; east. (k) Assistant; large hospital; expansion program increasing capacity to over 1200; university center, west. MHI0-1

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Serve meals that are consistently flavorful and you'll please your patients as well as lower operation costs by eliminating unnecessary waste. Today hundreds of institutions are depending upon economical Maggi's Granulated Bouillon Cubes to bring new appetizing goodness to their soups, stews, gravies and many other dishes that call for meat stock.

In addition to using flavor-rich Maggi's Granulated Bouillon Cubes in your recipes, serve it as an "instant quick" broth to augment the appetite and promote digestion in debilitated states following illness and in various asthenic conditions. Check up now and see if you have an ample supply of Maggi's Granulated Bouillon Cubes on hand.

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POSITIONS OPEN

MEDICAL BUREAU-Continued

ADMINISTRATORS — NURSES. (a) Voluntary, general hospital, 125 beda; town, 40,000 near university center, midwest; formal training hospital administration required. (b) General hospital, 75 beds; small town near university center; south. MH10-2

ANESTHETISTS—(a) General hospital, 250 beds relatively new; town 40,000 near university center; \$430-\$530. (b) To administer anesthetics for two surgeons, Diplomates, American Board; college town, midwest; \$4200, maintenance. (c) Qualified to combine duties with those of administrator; small hospital; Pacific Northwest. (d) Two, new hospital; resort town on Lake Michigan; \$400, maintenance. MHi0-3

CLINICS, COLLEGE AND STUDENT HEALTH (a) Clinic nursing supervisor: 15man group: college town, west; 48400, (b) Young women's college; well equipped infringary; suburban location, midwest. (c) Scrub nurse; 25-man group; college town, 60,000, (d) School nurse; public schools; around 10,000, Illinois, MH10-4

DIETITIANS—(a) Chief, qualified to direct departments, several hospitals; university medical center; east. (b) Chief; 225 bed, general hospital currently under construction; college

MEDICAL BUREAU-Continued

town, south. (c) Chief; fairly large hospital: leading city of United States dependency. (d) Therapeutic and assistant dietitians; amail general hospital, California. (c) Therapeutic and staff dietitians; large teaching hospital; cast; 33400-34400. MH10-2

DIRECTORS OF NURSING AND SCHOOLS-(a) Executive of excellent qualifications received by large teaching hundred to the conmetropolis, university relical cental, castern metropolis, university relical cental, (b) One of California's leading hospitals, woman of outstanding qualifications required, (c) General hospital, 260 beds; sixty students: town of 50,000, Feran. (d) To supervise all nursing activities of one of America's major industrial*Fompanies in middle east; outstanding person required; 28600 which includes living allowance, (c) General, 225-bed hospital affiliated with university medical school; midwest. MH10-6

DIRECTORS OF NURSING SERVICE, NO SCHOOL on General, 360-bed hospital affiliated with university medical school; enat. (b) General, 350-bed hospital to be replaced by new hospital, somewhat larger; affiliated with famed clinic; staff of 65 American Board specialists; university medical center; midwet; (c) New orthopedic hospital; metro-politan area; enat. (d) New hospital; fairly large size; California, MH10-7.

EXECUTIVE HOUSEKEEPERS—(a) Large teaching hospital; man or woman; eastern metropolia. (b) New general hospital, 225

MEDICAL BUREAU-Continued

beds: completion November; college town, south. MH10-8

EXECUTIVE PERSONNEL—(a) Admissions officer: Inrge bospital and cilinic: east. (b) Comptroller: should be qualified to assume astministrative responsibilities: 330-bed hospital: east: 3500-05-7000. (c) Institutional engineer qualified supervise stafts of 55; Inra-Freed Person benchmarked to the control of the property of the property

FACULTY APPOINTMENTS—(a) Educational director and nursing arts instructor; small school; town, 7,600 near university center, midwest; salary \$5000 and \$4200 respectively, complete maintenance included. (b) Executive secretary; state board of nurse registration; duties; including serving as educational consultant to schools of nursing; west. (c) Assistant professors and instructors; collegiste school; graduate nurse program; university of 6000 atudents, 500 faculty. (d) Psychiatric instructor; university school; minimum \$4000; west. (e) Seience and clinical instructors, medicine and surgery; leading hospital; New York City. (f) To take charge of practical nursing program; vocational school; east. (g) Clinical supervisor in obstetries; university department of nursing; west; \$3600-5600.

(Continued on page 206)





GRAND CENTRAL PALACE NEW YORK, R. T.

Meet old friends, talk shop and have a profitable visit this fall at the NATIONAL HOTEL EXPOSITION. A reconstruction of New York's famous Washington Arch will be the gateway to the world's largest hotel (and affiliated industries) show. Four floors of interesting exhibits with all that's new in equipment, services and supplies.





GOMCO # 927 Explosion Proof SUCTION and ETHER UNITS

It's positive, automatic protection against flooding the pump! Should the fluid in the gallon receptacle reach a pre-determined weight, the line is opened, suction is cut off and no damage done. Just by emptying the bottle, the operator puts the pump back in operation in a few seconds. Nothing to change, no replacements to make, while pump is in use.

This is another convenience feature that makes GOMCO your "best buy" in explosion-proof suction and ether service. In 1947, it was shock-proof rubber mountings on cabinet models—in 1948, the pressure line air trap and filter—and now, the new GOMCO AEROVENT® valve.

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POSITIONS OPEN

MEDICAL BUREAU-Continued

M ED I.C A. L. RECORD LIBRARIANS—(a). Chief: university group: more than thousand beds: competent organizer required; west, th) Chief: one of country's leading hospitals for children: staff of seven; minimum \$4200. (c) Chief; 300-bed general hospital; new department, university center; New England (d) To join staff of new shospital, beautifully located short distance from leading metropolitan center; southwest, (e) Small privately owned hospital; college town, California, (f) Assistant, 300-bed general hospital; interesting city outside continental U.S.; although tropical country, climate mild, pleasant, MH10-11

SUPERVISORS—(a) Chief operating room supervisors and departmental supervisors: new 300-bed hospital affiliated with one of country's leading clinics: staff of outstanding specialists; east. (b) Obetetrical; 30-bed department, 200-bed hospital; town 35,000, northwest: \$400-8450. (c) Pediatrie, EENT and Psychiatric supervisors: new hospital, unit, university group: west. (d) Outpatient aupervisor; fairly large teaching hospital; vicinity New York City. (e) Operating room; important hospital; Chicago area; \$4000. MH10-13

MEDICAL BUREAU-Continued

PHARMACIST—Chief; 250-bed general hospital: town, 90,000, midwest; \$5400-\$6000; woman eligible, MH10-12

INTERSTATE HOSPITAL AND PERSONNEL BUREAU Miss Elsie Day, Director 332 Bulkley Building Cleveland, Ohio

COMPTROLLERS—(a) Graduate accountant; experience as business manager; 450-bed eastern hospital; 87,000. (b) 250-bed mid-western medical center. (c) 100-bed Ohio hospital. (d) University hospital, 200 beds; central state.

ADMINISTRATORS—(a) 200-bed general hospital, mid-west; no school of nursing. (b) 65-bed hospital; suburb Philadelphia. (c) New 40-bed Ohio hospital; rural community. (d) New 60-bed hospital; southeast.

ADMINISTRATORS—(a) R.N.: 60-bed hospital; New England. (b) 45-bed hospital; mid-western city. (c) 55-bed hospital; Ohio.

DIRECTORS OF NURSING-\$4200-\$6000.

DIRECTOR, NURSING SERVICE — 165-bed hospital; Pennsylvania; \$4500.

(Continued on page 208)

INTERSTATE—Continued

EDUCATIONAL DIRECTORS—(a) \$375. maintenance: southeast. (b) 150-bed Illinois hospital; \$385.

ANESTHETIST—(a) 300-bed hospital; south; \$400, maintenance. (b) Pennsylvania; \$350. (c) Northwest; \$375. (d) Texas; \$400.

TECHNICIANS—(a) Chief laboratory; \$300. (b) X-ray; \$200-\$250. (c) Laboratory-x-ray. (d) Record librarians; \$300. (e) Housekeepera; \$200, maintenance; east, mid-west, south.

DIETITIANS—(a) Chief; new 175-bed hospital; \$325. (b) Assistants; \$250-\$275.

MEDICAL PERSONNEL EXCHANGE Nellie A. Gealt, R.N., Director 4707 Springfield Avenue Philadelphia 43, Pennsylvania

DIRECTOR OF NURSING-Large hospital; New England; start \$5700.

REGISTERED RECORD LIBRARIAN—356-bed general hospital; eastern Pennsylvania; to \$4200

EXECUTIVE HOUSEKEEPER 600-bed hospital; midwest; top-flight person.

SUPERVISORS—(a) Operating room. (b) Maternity; eastern Pennsylvania; excellent salary, plus full maintenance.

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POSITIONS OPEN



ADMINISTRATORS—(a) Lay; medical school affiliated 300-bed teaching hospital; large mid-west metropolla noted as medical and educational center. (b) Lay; 200-bed Jewish homefor aged opening soon; beautifully altusted in own grounds; large city of east. (c) Lay; to fill vacancy created through death; 150-bed general hospital; excellent town 40,000; Michigan. (d) Lay; 100-bed general voluntary hospital; college town 40,000 near New York (iy. (e) Lay; superintendent and administrator; 60-bed general hospital; town 16,000; soonth.

ADMINISTRATIVE STAFF APPOINTMENTS

—(1) Comptroller; full charge of fiscal affairs;
255-bed general voluntary hospital; large midwest metropolis. (g) Business manager; 180bed mental hospital; full charge; midwest.
(h) Comptroller; 560-bed general hospital;

WOODWARD-Continued

full charge entire financial affairs; inventory; stock control; to \$7000; city 100,000; cast. (i) Chief accountant; with supervisory experience in accounting and credits; 17 in department; 225-bed general hospital; large city of east. (j) Comptroller; with good accounting background; 250-bed general hospital; city 800,000; cast; to \$7500.

ADMINISTRATORS—NURSES. (a) 46-bed general hospital; southern county seat. (b) Small California hospital soon expanding to include clinic; 14900. (c) New 36-bed hospital, now under construction, opening early 1952. (d) New 46-bed Indiana hospital. (e) Modern 60-bed hospital south western Iowa; \$4500. (f) 50-bed Kentucky hospital less than two years old. (g) New 36-bed Ohio hospital, vicinity university center. (h) New Georgia hospital orining sixty days. (f) 56-bed Pennsylvania hospital; new building recently completed. (j) Small, college-community operated hospital; northwest. (k) 40-bed hospital, vicinity Boston.

ADMINISTRATOR — ANESTHETISTS. (a) Small industrial hospital, vleinity Phoenis; \$4500. (b) 20-bed Florida hospital opening this Fall; good salary. (c) Small hospital, vicinity Idaho Falls; attractive Bocky Mountain location; \$3600. (d) New, 90-bed, Virginia hospital; \$4200.

ANESTHETISTS—(a) 100-bed hospital vicinity Tampa; \$4800. (b) 60-bed general hospital,

WOODWARD-Continued

attractive lake shore suburb adjacent Chicago; \$4800 maintenance. (c) New 100-bed hospital near Illinois college town of 40,000; \$5000 up. (d) Attractive clinic and hospital group; prosperous lowa college town; salary to \$6000. (e) South central medical center vicinity, Knoxville, Tenneasee; \$5400 maintenance. (f) 200-bed, general hospital, city of 75,000 adjacent Smoky Mountain resort region; \$5400. (g) Large Texas teaching hospital; salary to \$5000. (h) Very new, modern hospital medical center; prosperous western Texas community; \$5400.

DIETITIANS—(a) 40-bed, California hospital; opportunity to do some counseling service; 34000. (b) Large approved Florida hospital; noted resort area; 33400. (c) Therapeutics; new 250-bed Michigan hospital; 38500 up. (d) 150-bed teaching hospital; saidwest college tows; to \$4200. (e) 250-bed Ohio teaching hospital; 34500. (f) Small approved, general hospital; sacellent Pacific northwest location.

DIRECTOR OF NURSING ASSISTANTS—(a) Large, east coast hospital; \$3000 up. (b) Large, Baltimore hospital; \$3500 increasing to \$4000, (c) IS-bed, Michigan hospital; to \$4000, (c) IS-bed, Michigan hospital, Michigan Hiver area; \$4400, (g) Large, New York tuberculosis hospital; \$4800 increasing to \$5700.

(Continued on page 210)





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First in heating...first in plumbing



This genuine vitreous china MEDICINE SINK in a nurses' station of Our Lady of Mercy Hospital is easy to clean, hard to mar, permanently non-absorbent. The

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This SURGEONS' LAVATORY, with instrument trays, is made of genuine vitreous china for permanent good-looks, ease of cleaning. It's easy to keep area surrounding the wall-supported fixture clean and sanitary, too. For extra convenience, it has elbow-control Chromard fitting.

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POSITIONS OPEN

WOODWARD-Continued

DIRECTORS OF NURSES—(a) Large Georgia hospital: \$5000 up. (b) Southwestern university hospital: to \$7000. (c) 100-bed Texas hospital: \$5800. (d) Small Kentucky hospital; \$5800. (d) Small Kentucky hospital; \$5000. (d) Small Kentucky hospital; \$5000. (f) 100-bed hospital; Boston area; \$4200 up. (g) Large, east coast hospital; \$5700, increasing to \$5600. (h) 100-bed, New Jersey hospital; \$4000 to \$5000. (l) Small, New York hospital; must be well qualified; salary yoen. (j) Philadelphia teaching hospital; \$5000 up. (k) Large, midwest psychiatric hospital; \$3400. (l) 200-bed, Indiana hospital; minimum \$5400. (m) 250-bed, Ohio hospital; \$4800 up. (n) 240-bed, teaching hospital, midwest college town; \$5400 up. (o) Small, new, Milwauke hospital; \$5400.

EDUCATIONAL DIRECTORS—(a) 200-bed, Plorida boapital; \$4200. (b) 100-bed, Illinois boapital; \$4500. (c) 200-bed, Chicago hospital; \$4500. (e) 200-bed, Chicago hospital; \$4500. (e) 150-bed, east coast bospital; \$4200. (f) 200-bed, east coast bospital; \$4200. (f) 200-bed, reaching hospital, excellent Hudson River location; \$4500. (g) 300-bed, midwest hospital; \$4500 increasing to \$4800. (h) Assistant; large, eastern, psychiatric hospital; \$3200. (l) Large. Tennesace hospital; \$4500 minimum. (j) New, 150-bed Tenns hospital; \$4500.

WOODWARD-Continued

FACULTY APPOINTMENTS—(a) Medical, surgical, clinical; 150-bed hospital, Michigan resert community; to \$4200, (b) Nursing arts; 125-bed, Illinois hospital; 38500, (c) Nursing arts; 125-bed, Illinois hospital; 38500, (c) Nursing arts; 125-bed, Propital; 38500, (c) Nursing arts; 125-bed, 125-b

HOUSEKEEPERS—(a) 600-bed hospital, south-eastern state capital: \$3000 maintenance. (b) Large, teaching hospital, noted medical center; eastern metropolis; \$3500 minimum. (c) Large, teaching hospital, southern hospital, control of the state of the state

NIGHT SUPERINTENDENTS—(a) Approved tuberculosis hospital, unusually attractive loca-(Continued on page 212)

WOODWARD-Continued

tion in Hawaii. (b) 200-bed, teaching hospital, large eastern city; 40-hour week. (c) Small, hospital, pleasant residential community, southeastern Illinois; \$3300. (d) New 50-bed, hospital, city half million, southeastern Wisconsin; top salary, opportunity for advancement. (e) 150-bed, teaching hospital, resort community adjacent Detroit, Michigan; to 34200.

PHARMACISTS—(a) 70-bed, approved, general hospital; vicinity Illinois state capital; 4600. (b) Small 50-bed clinic-hospital owned by seven-man group; Indiana resort locale; \$100 per week. (c) Approved, general hospital; will be completed early 1952; southern Virginia; \$45400. (d) 10 buying of medical and surgical supplies and pharmaceutical supplies; Michigan resort aren; \$255.

RECORD LIBRARIANS—(a) Small, approved hospital, Arisona college community; \$350.0 (b) 150-bed, approved hospital, Florida resort locale; top salary, (c) 150-bed hospital, Hawiian territorial capital; \$3400. (d) Large, Chicago hospital; \$4800. (e) 250-bed hospital, Hacity of 45,000, southeastern New York; to \$4200. (f) 400-bed hospital southeastern medical center; minimum \$3500. (g) Large, southeastern university hospital; salary to \$4000. (h) Large, tuberculosis hospital, pleasant location resort town, Puget Sound, Pacific Northwest; \$3500. (i) Assistant; large teaching hospital, eastern medical center; opportunity advance to chief.

"Modern Hospital of the Year" Uses FRICE Air Conditioning & Refrigeration

The Comanche County Memorial Hospital at Lawton, Okla., chosen as the outstanding institution of 1950 by the Modern Hospital magazine, has 100 beds, serves 60,000 people.

Two Frick NEW "ECLIPSE" compressors, of 30 hp. each, provide air conditioning, and two other Frick machines cool four boxes for food service. Installation by the King Engineering Co., Frick distributors at Oklahoma City. Paul Harris, architect.

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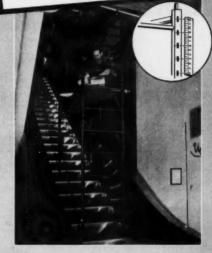
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SHAY MEDICAL AGENCY Blanche L. Shay, Director 55 East Washington Street Chicago 2, Illinois

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(Continued on page 214)



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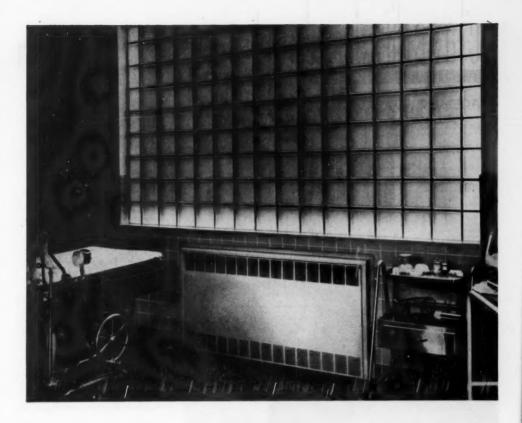


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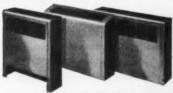
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(Continued on page 216)

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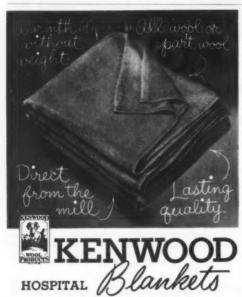
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(Continued on page 218)

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LOS ANGELES COUNTY GENERAL HOS-PITAL SCHOOL OF NURSING offers a twelve weeks course in premature infant nursing to graduate nurses. The University of Southern California will grant up to six units of credit to those nurses who desire it. Course includes formal instruction, clinical experience in unit technic, teaching and public health experiences. For further information write to Director, School of Nursing, Los Angeles County General Hospital, 1290 North State Street, Los Angeles 33, California.

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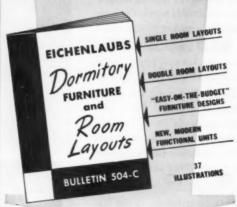
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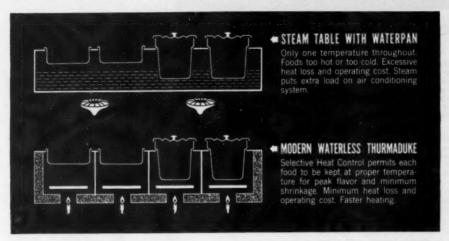
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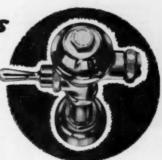
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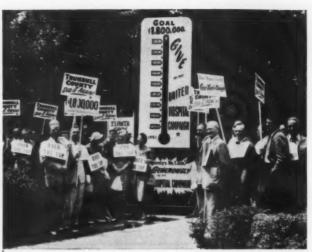


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ADMINISTRATORS: John F. Latcham, Trumbull Memorial Hospital; Sister Baptista, St. Joseph's Riverside Hospital

Consultation
Without
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Jubilant volunteer workers rallied at a campaign indicator in Warren, Ohio, when the "mercury" soared over the \$1,800,000 goal of their united hospital campaign.

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1. A UNITED CAMPAIGN was designed to meet the hospital emergency in Trumbull County at Warren, Ohio. Trumbull Memorial and St. Joseph's Riverside Hospitals required 150 new beds and many additional facilities to serve an expanding community.

2. NEARLY TWO THOUSAND VOLUNTEER WORKERS, under the leadership of Warren industrialist B. N. MaeGregor, carried out the solicitation in what a local newspaper described as the most ambitious money-raising campaign ever undertaken there.

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What's New for Hospitals

OCTOBER 1951

Edited by BESSIE COVERT

TO HELP YOU get information quickly on new products described in this section, we have provided the convenient Readers' Service Form on page 272. Check the numbers of interest to you and mail the coupon to the address given on the form. If you wish other product information, just list the items and we shall make every effort to supply it.

Aloe Scanographs



Two new Aloe Scanographs are being introduced for use in medical research using radioactive isotopes. Designed and built by qualified nuclear physicists, the two new compact cabinet units are readily mobile to permit measurement to be made at the bedside, in the laboratory or in the clinic. Both Scanographs utilize Scintillation Counters in place of the Geiger type. Tests indicate that the scintillation counter will record 30 to 40 per cent of the gamma radiation. The scanning region is directly at the front of the counter, which may be replaced by a regular Geiger or proportional counter.

Illustrated is a Thyroid Uptake Scano-graph Model SC-1001, designed for routine medical diagnosis. The built-in Scaling Unit consists essentially of the Higginbotham scaling circuit of 128, linear amplifier, discriminator control, Veeder-Root electromagnetic register and stabilized high voltage power supply. The Aloe Brain Tumor Scanograph Model CRMC-500 is also useful in general and special measurements requiring a continual record of counting rate. The instrument incorporates a highly efficient rate meter together with a scintillation counter mounted on an adjustable arm. The complete counting rate meter includes both high and low voltage power supplies and a counting rate circuit. Both units are fitted into carts con-structed of welded steel finished in gray bearing casters. Aloe Scientific, Div. of A. S. Aloe Co., Dept. MH, 5655 Kingsbury, St. Louis 12, Mo. (Key No. 543)

Heat-Resistant Alloy

A new alloy for use under conditions of high temperature and corrosion has been developed. Known as "Incoloy," the product contains approximately 35 per cent nickel and 20 per cent chromium, with the balance iron. It is designed for many purposes now served by some of the manufacturer's older alloys which run up to more than 70 per cent nickel. The new alloy was developed as part of the program to conserve nickel supplies during the emergency period. The International Nickel Company, Inc., Dept. MH, 67 Wall St., New York 5. (Key No. 544)

Patients' Room Furniture



A new furniture room grouping is being introduced especially for patients' rooms. Designed with functional, clean lines, the furniture features fine construction details and workmanship. It is known as the Pavilion line and is finished in tawny-blond mahogany.

The line includes bed, dresser, cabinet and step stool of solid mahogany and mahogany veneers with an exceptionally tough finish which is resistant to stains and wear. Matching plastic top and edges are provided on the cabinet and may be ordered for the dresser. The spacious four drawer dresser base has dustproofing between each drawer and drawers are dovetailed front and back and have rubbed natural oak interiors. The comfortable chair is designed so that the top cannot hit the wall. It is sturdily built of solid birch in matching tawnyblond finish with removable and reversible cushions. Pavilion Furniture is distributed in the East by W. & J. Sloane, 575 Fifth Ave., New York 17, in the

(Continued on page 226)

Middle West by Mandel Brothers, 1 N. State St., Chicago 2, and in the West by Barker Bros., 733 S. Flower St., Los Angeles 17, Calif. (Key No. 545)

Microfilming Machine for Radiographs

A new microfilming machine has been developed which is specifically designed for making microfilm copies of radiographs. The process is a two-stop duplicating technic which permits the copying of hundreds of radiographs on a single roll of film with precision and accuracy. The manufacturer states that range of density or contrast and resolution of detail are reproduced with fidelity so that an enlargement can be made if desired.

The work is done by the new Kodak Radiograph Micro-File Machine, Model 1. It is completely automatic and so constructed that the operator cannot introduce variations in its operation. The operator merely places the radiographs, envelopes or other records to be copied upon the illuminator surface and presses the exposure button. The operation is entirely automatic. Illumination for copying radiographs is provided by a special illuminator built into the base of the microfilming stand. Radiographs can be microfilmed in about one second with the new machine. Approximately 750 exposures of 14 by 17 inch subject area can be made on one 100 foot roll



of 35 mm. film. Eastman Kodak Co., Dept. MH, Rochester 4, N.Y. (Key No. 546)



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Call Systems Save Steps...Save
Time...Save Nurses

Architecture, engineering and medicine unite to reach new peaks of efficiency in the recently completed first unit of the N.Y.U.-Bellevue Medical Center in New York. In this magnificent new building, devoted to bringing new hope to the disabled, no detail has been spared by the architects, Skidmore, Owings and Merrill, to make life easier for patient and staff alike. Take, for one example, the Edwards super-sensitive Nurses' Call System.

Automatic "Nurse" That Never Goes Off Duty!

Beside each bed stands a "nurse's aide" on call 24 hours daily—a handy button that activates a speaker and pilot light to save nurses thousands of needless steps. A touch of the finger lights a lamp at the Nurses' Master Station. The

nurse answers, learns the patient's needs before going to the bedside.

Greater privacy is assured. Patients cannot be disturbed since conversation can begin only after the bedside button is pressed. Signal light stays on until button is reset.

Edwards Call Systems are trim, step-saving, smartlooking. The smooth satin finish of the room stations blends perfectly with modern hospital fixtures. Easy to install and operate, Edwards offers the most modern and efficient signal equipment available today.

Edwards Watches for Fire, Too

To economy and convenience, Edwards adds safety and protection in the operation of this great hospital. Located at all strategic points, Edwards alarm signals stand ready to warn superintendents of that first outbreak of fire.

Write Dept. M-10, for illustrated bulletin today. See why you can always depend on Edwards for the best.

EDWARDS Co., Inc., Norwalk, Conn. In Canada: Edwards of Canada, Ltd.

EDWARDS

World's most reliable time, communication and protection products.

3 great RUSCO products designed to help you

RUSCO HOT-DIPPED GALVANIZED STEEL PRIME WINDOW ... FOR NEW CONSTRUCTION



A truly remarkable improvement in window engineering. Complete with glass, screen, insulating sash (optional) and wood or metal installation members. Factory-assembled, factorypainted, ready to install! Saves money on low initial cost, low installation cost, maintenance. Rusco Prime Windows can be installed in minutes instead of hours required for ordinary windows!

improve buildings

increase comfort of occupants

reduce work

reduce maintenance,

These are just a few of the many

Hospitals using RUSCO products:

Malden Hospital, Malden, Mass. . Mercer

Cottage Hospital, Mercer, Pa. . The Huntington County Hospital, Huntington, Ind.

Tecumseh Hospital, Tecumseh, Nebraska St. Elizabeth's Hospital, Youngstown, Ohio

Nantucket College Hospital, Nantucket,

Mass. · Mercy Hospital, Auburn, New York

New England Hospital for Women &

Children, Roxbury, Mass. · Newport Naval Hospital, Newport, Rhode Island . Valley

View Sanatorium, Haledon, New Jersey.

save fuel

RUSCO GALVANIZED STEEL SELF-STORING COMBINATION SCREEN AND STORM SASH



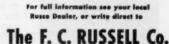
Installed without alteration to present windows. Provide rainproof, draft-free, filtered-screen ventilation in every kind of weather. Eliminate danger of drafts or damage from rain or snow. Weatherproof the entire window opening, make sizable reductions in fuel costs. Glass inserts can be removed from inside for easy cleaning.

RUSCO GALVANIZED STEEL COMBINATION SCREEN & STORM



of sturdy triple-protected galvanized steel and finished with baked-on outdoor enamel. Won't sag, bind or warp, Lumite screen withstands abuse, can't rust or rot, never needs painting. Selfstoring arrangement provides full glass insulation with lower screen for ventilation, as desired. Or, door can be converted in seconds to all glass or all screen!

DOOR ... BUILT FOR THE AGES Handsome and practical! Made



DEPT. 6-MH 101 . CLEVELAND 1, OH.O.

World's Largest Manufactures of All-Metal Combination Windows



Explosion-Resistant Window

A special type of window has been developed to minimize the effects of explosive forces. A glass-plastic laminate, to be known as Flexseal Bomb Glass, the window is said virtually to eliminate the dangers of flying glass in explosion areas. Flexseal Bomb Windows will resist normal atmospheric pressures because of the special properties incorporated in the design. When these are exceeded by a bomb blast or pressure wave, the window will open automatically by folding about its edges. This releases the pressure, preventing the window frame from being blown in and greatly reducing the possibility of flying

The window consists of three layers laminated into a single unit. The outer layer is a sheet of glass, the middle a partially segmented sheet of polyvinyl butyral plastic, and the inner layer consists of four triangularly shaped pieces of glass, the central area edges of which register with the segmented edges of the plastic. The plastic layer extends beyond the glass edges and is bolted to the window frame to serve as hinges, thereby permitting the four segments to open like doors when the outer plate of glass is broken. After an explosion of sufficient force to open the bomb window, the four segments may be returned to position

methods for the emergency period. Corp., Dept. MH, Evanston, Ill. (Key Pittsburgh Plate Glass Co., Dept. MH, No. 548) 632 Duquesne Way, Pittsburgh 22, Pa. (Key No. 547)

Mattress Carrier

One man can easily handle mattresses alone with the new mattress carrier now



available. The soiled mattress is simply slipped into a slot in the carrier and the new mattress moved from the carrier onto the bed over rollers. The carrier is sturdily built of one inch steel tubing. It measures 7 feet long and 22 inches wide and is finished in durable gray enamel. Mattresses up to 8 inches thick and 84 inches long can be accommodated

(Continued on page 230)

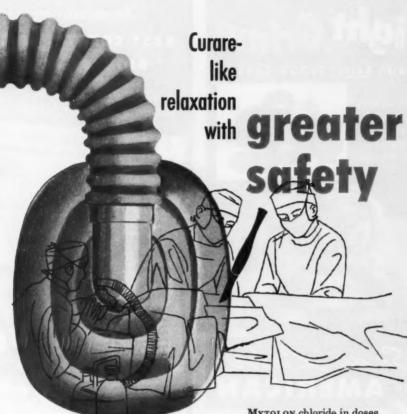
and retained there by many simple in the carrier. American Hospital Supply

Cylindrical Lock

Cylindrical type locks have now been added to the extensive line of Corbin builders hardware. The roll-back latch mechanism, adapted from Corbin Unit Locks, is a distinctive feature of the new cylindrical locks. Other features include: latch bolts with 1/8 inch throw; 100 per cent reversibility; screwless roses and knob shanks; extruded brass 5 pin or 6 pin tumbler cylinders, same-size cases for all functions, and automatic deadlocks.

Known as Corbin Cylindrical Locks, the new series are of heavy-duty construction and are adjustable for doors from 1% to 2 inches thick. Only two holes need be drilled in the door and a shallow mortise for the face plate to install the new locks. They will be produced in four designs and in the 13 functions most frequently specified for use in hospitals and other institutions. They can be furnished with Corbin Master-Ring Cylinders when a master-key system with unlimited key changes is needed. P. & F. Corbin Div., The American Hardware Corp., Dept. MH, New Britain, Conn. (Key No. 549)

Only the BEST is good enough! By virtue of two recent improvements, effected at no increase in price, Crescent Blades are now finer than ever: 1. Now made of a new, high-carbon, finer-grain SWEDISH steel - long acknowledged the finest for cutting edges. 2. Now aluminum foil-wrapped - for moisture-proofing against any climate, assuring fresh top-quality performance under all conditions. The Crescent Blade is thus more than ever the "Master Blade" for the Master Hand! Samples on request. CRESCENT SURGICAL SALES CO., INC. - 440 Fourth Avenue, New York 16, N.Y. CRESCENT SURGICAL BLADES



Mytolon

Synthetic skeletal muscle relaxant

Supplied in 10 cc. multiple dose ampuls, each 1 cc. containing 3 mg. of Mytolon chloride.

MYTOLON, trademark

Mytolon chloride in doses which assure adequate relaxation of skeletal muscle in surgical anesthesia produces no prolonged respiratory depression, no adverse effect on pulse, blood pressure or recovery time:

"Judging from the laboratory reports and from our clinical experience to date, its chief advantages are its lack of effect upon the cardiovascular system and the prompt recession of respiratory depression following its use."

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Arrowed, Julia, G.: New Agent for Producing Muscular Relaxation. In press



One machine does ALL! This efficient American does all jobs in floor maintenance . . . saves time and labor, cuts costs . . and increases the life of floors! Big power for scrubbing or polishing asphalt or rubber tile, terrazzo and all types of floors .. removing gummy, sticky accumulations . . . sanding operations ... steel wool operations, dry cleaning ... and buffing or burnishing. All popular sizes. Also-you can reduce maintenance and cleaning costs on any floor with American Floor Finishes-cleaners, seals, finishes and waxes produced with nearly half-a-century's experience in floor problems.

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DEMONSTRATION your local floor expert, the American distributor, will gladly arrange a demonstration of machines and finishes for your requirements.

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BEST CONSTRUCTION, **BIGGEST VALUE**

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AMERICAN FOLDING CHAIRS for rooms, wards, offices, dining rooms, chapels, dermitories

Strong triangular steel-tubing frame, Strong triangular steel-tubing Irame, solid-steel cross braces. No 54: Comfortable—extra wide formed plywood seat, 155% x 155%, walnut stained, durably lacquered. Metal parts in baked enamel. Sefe—can't tip forward; naked enamed. Nefe—can't tip forward; no anagging, or pinching hazarda. Convenient—folds easily and quietly, easy to store. Long-life rubber feet. (Also No. 56, upholstered in imitation leather, for chapels.) Over 8 million in use.



ENVOY CHAIRS and TABLET-ARM CHAIRS for training classes

Envoy chairs combine fine appearance, comfort, light weight, and exceptional durability. The exceptional durability is consisted frames are accurely welded to cross members. Formed pictured seats and deep-curved backs, and estimational consumers of the exception of the extension of the exception of the extension of the extension of the exception of the extension of the extensio Envoy chairs combine fine



AMERICAN all-purpose UNIVERSAL TABLE

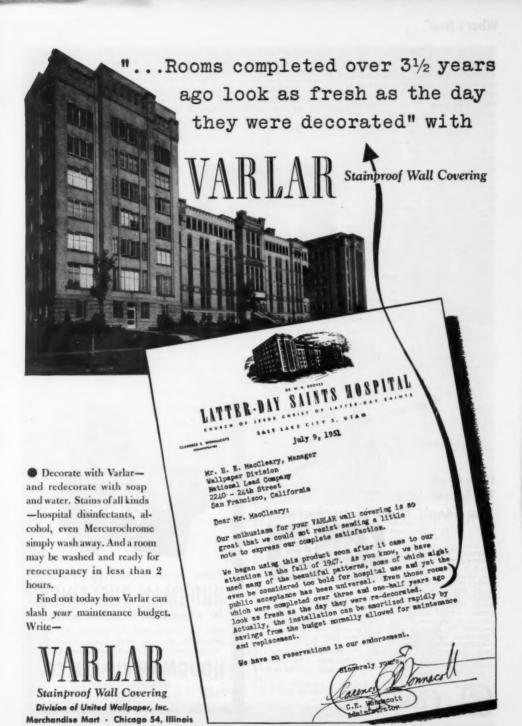


The perfect table for use wherever good appearance, The perfect table for use wherever good appearance, con-beneave, corred-plywood constructions. Backbone under top is securely boiled to end standards. No corner legs to interfere securery nonten to end standards. No corner regs to intercete with knees. Available in four sizes and five heights, with or with siless, Avanable in toll siles and are organic without plywood book compartments. Durably lacquered. For details on all these products, write Dept. B

American Seating Company

WORLD'S LEADER IN PUBLIC SEATING

Manufacturers of School, Auditorium, Theatre, Church Stadium Seating, and Folding Chairi



Floor Cleaner

Emerel is a new fast acting floor cleaner and deodorizer designed for use on all types of floors and for cleaning washable walls and woodwork. loosens dirt, grime and floor stains without scrubbing, yet contains no harsh chemicals, no abrasives, and no free alkali or harmful acids. It is supplied as a concentrate and mixed in a ratio of I to 20 in either hot or cold water. Emerel is spread on the floor and gently agitated. All dirt is quickly floated free of the floor surface and is ready for removal. It is effective in easily and quickly removing oil, grease, ink and rubber marks and deodorizes as it cleans. The product is supplied in 1, 5 and 55 gallon containers. S. C. Johnson & Son, Inc., Dept. MH, Racine, Wis. (Key No. 550)

Glo-Ray Night Light

Designed to provide dim lighting in corridors, lobbies, stairways and other areas where some light is needed at night, the new "Glo-Ray" unit uses one 15 or 25 watt frosted incandescent lamp. The lamp housing is finished in black enamel, is 4 by 6 inches and requires only 3 inches recessing depth. The cover is zinc plated and left unpainted to be

finished in the same color as the wall. Feed wires can be inserted at top, bottom or either side of the box and four knockouts are provided for the purpose. A shutter arrangement inside the cover controls the amount of light passing through the cover glass. Curtis Lighting, Inc., Dept. MH, 6135 W. 65th St., Chicago 38. (Key No. 551)

"Workabinets"



The new line of standard storage cabinets for x-ray darkrooms provides a combination of work bench, storage compartment and shelf space in one unit. Known as Workabinets they are avail-

able in 5, 6, 7 and 8 foot models, made of sanded hardwood coated with sealer and clear shellac. The two larger models incorporate a wastepaper bin. The loading bench area is covered with Formica or equivalent and the service cabinet provides handy space for cassettes, films, chemicals, opaques and accessories. The three main sections of the Workabinet—loading bench, service cabinet and center supporting section — are available separately. General Electric Co., X.Ray Dept., Dept. MH, 4855 Electric Ave., Milwaukee 14, Wis. (Key No. 552)

Floor Matting

Especially designed for use in corridors, aisles, in front of files, office machines and laboratory furniture and wherever personnel must stand in one spot, Air-Tred floor matting is constructed of sponge rubber with a resilient, long wearing top surface. It does not stretch, mat or break down, is mothproof and easily cleaned by vacuum or damp mop. It provides a soft floor covering which reduces fatigue and silences footsteps. It is available in maroon and black, ½ inch thick, 36 or 48-%nehes wide, in any length up to 60 feet. American Mat Corp., Dept. MH, 1719 Adams St., Toledo 2, Ohio. (Key No. 553)

(Continued on page 234)



You Should Mark Everything with

You wouldn't knowingly wear someone else's uniform or clothing; you wouldn't knowingly use linen from "contagious" in "maternity". But how can you know unless things are marked-marked with owner's name or the places they belong?

Cash's WOVEN NAMES

Danger of contamination is only one reason why Cash's Woven Names are used so extensively in the medical and nursing world. Marking with Cash's also reduces losses, ownership arguments, and increases both efficiency and economy. The name of hospital or personal owner, ward or department woven into a Cash's Name Tape protects your beforecings, personsently.

belongings permanently.
Cash's Names stand boiling, won't run or fade. Easy to attach with thread or Cash's NO-SO Boilproof Cement (25¢ a tube).

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Meet all requirements of American Hospital Association. Ask your supply house or send for sample swatches of regular and lightweights.

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Offices in New York, Chicago and San Francisco



"Because it does about two-thirds of her work automatically!"

And what the NATIONAL does automatically, the operator cannot do wrong!

This new National "31" has time-andmoney-saving features never before combined in one accounting machine. It handles all types of accounting, including payroll. It can be changed from one job to another, in seconds, simply by switching posting control bars . . Each bar can control more than 70 functions automatically.

This National also has an electric typewriter, for quickly typing description on every accounting job that requires it. And it produces several records simultaneously as shown above

-each uniformly clear.

This is truly a multiple-duty accounting machine. It can be kept in profitable operation every hour of the day, thereby giving a maximum return on the investment.

The weekly cost of this new National is only a fraction of the weekly cost of the operator-yet it more than doubles her production. That is why so many Nationals return their entire cost the first year.

There's a National to fit your business whether it is small or large. Let our local representative, a trained systems analyst, show how it will cut your accounting costs.

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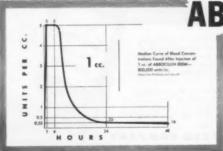
high potency...prolonged effect



new 800,000-unit penicillin gives high initial blood level, <u>plus</u> 48-hour repository action

PENICILLIN blood levels in the range of 5 units per cc. for one to four hours after injection, followed by effective maintenance levels for 48 hours—this is the two-fold advantage of ABBOCILLIN 800M, Abbott's new high potency penicillin. Prepared for injection, each 1-cc. dose contains 600,000 units of penicillin G procaine and 200,000 units of penicillin G potassium. The high initial blood levels obtained with ABBOCILLIN 800M provide maximum killing power of susceptible organisms, assure adequate concentration at hard-to-reach infection sites. And ordinary infections respond to a treatment schedule of only 1 cc. every 48 hours, due to the repository nature of ABBOCILLIN 800M. Especially convenient when infrequent injections are desired; economical, unitage-wise. Silicone-treated vials assure complete drainage, prevent waste. In 1-cc. and 5-cc. vials, singly abbott and in boxes of 5 vials.

ABBOCILLIN 800M



Penicillin G Procaine and Buffered Penicillin G Potassium for Aqueous Injection, Abbott 800,000 units per cc.

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HOSPITALS ARE INSISTING ON

Parnstead DISTILLED WATER

A ODAY, more than ever, hospitals are relying on Barnstead Stills for their distilled water. For the modern hospital must have an entirely dependable source of pure water for the central supply, pharmacy, solution, and operating room.

Hundreds of hospitals purchased Barnstead Stills during the past year. In fact, more hospitals purchased Barnstead Stills in 1950 than in any year of Barnstead's long history. The names of just a few are shown here — ample evidence of hospital confidence in the Barnstead Still.

When you specify a Barnstead Water Still for your hospital you too can be sure you have made a wise investment.

> Write for Special Hospital Bulletin #116.



Water Purity is Always Measured by Barnstead Standards



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Barnstead Leadership Is Based On Facts

The famed Barnstead Condenser - the only condenser that separates and expels gaseous impurities. Especially important in the solution room,

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St. Margarets Hospital, Dorcester, Margarets Hospital

Bredford Hospital Bredford Pa Montiefore Hospital, New York N. Y. Yorkfown Hospital, Yorkfown, Tozas

ton Memorial Hospital, Newton, M.

- 2. Scientifically designed evaporators which operate at low vapor velocity and have ample steam disengaging space. Distillate cannot be contaminated by raw water carry-over.
- 3. Spanish Prison Baffles remove minute entrainment and pyrogens. An exclusive Barnstead feature.
- Barnstead Stills stay on the job for months between cleanings.
- 5. Wide selection there is a size and type for every hospital, large or small.

Surgical Stool



A non-slip inset is a feature of the stainless steel seat of a new revolving surgical stool recently introduced. The inset, 101/2 inches in diameter, is mounted in a circular depression and is flush with the surface of the 15 inch seat.

The stool is of all-welded stainless steel construction with crevices eliminated to aid in sanitation and simplify cleaning. The spindle is made of unbreakable milled steel and is designed to permit smooth and easy adjustment in height from 19 to 31 inches. The heel rest is at the proper height to assure a comfortable seating position. The four flared legs and the circular brace are

designed for absolute stability. Elec- are finished in two tone gray with trically conductive floor tips are used to ground static charges. The non-slip seat is also available in anesthetist's stools. S. Blickman, Inc., Dept. MH, Wee-hawken, N.J. (Key No. 554)

Manuometer

Hand grip strength can be tested in the physical therapy department with the new Hand Manuometer. The indicator scale is accurately marked in two pound increments to a maximum capacity of 200 pounds. Reading from each test remains in position until the pointer is reset. The Medart Hand Manuometer is constructed of brass. heavily chrome plated. All springs are protected by shields and hand grips are grooved and shaped to fit the hand comfortably. Fred Medart Products, Inc., Dept. MH, 3535 DeKalb St., St. Louis 18, Mo. (Key No. 555)

Toledo Peelers

The peel trap on the new Toledo Peelers has been redesigned and brought in flush with the cabinet. There is a self-cleaning action in the interior with peels going directly to the trap. The new models have a clean-line appearance and

maroon trim.

Special attention has been given to easy adaptation of the machine to various installation requirements. Leg height can be changed in the field as can the direction of the discharge chute and motor control location. The new Toledo Sterling Peelers are available in 15, 30, 45 and 60 pounds per minute capacities and features the standard Toledo "double action" peeling with Carborundum brand abrasive on both the cylinder wall and



in the rotating disc. Toledo Scale Co., Dept. MH, 1023 Telegraph Rd., Toledo 12, Ohio. (Key No. 556)

(Continued on page 238)



Around the Wards with Kelluggs



Patient BUXTON: I really go for a good breakfast of my favorite Kellogg's cereals! (Right you are! Kellogg's cereals are favorites with kids and grown-ups the country over.)



Nurse PAGE: Breakfast rounds go so much faster with Kellogg's Individuals lending a hand. So easy to serve—and what a wonderful choice for everyone!



Dictitian WALTERS: I'm all for Kellogg's cereals!
They're so nutritious and easy to digest. And all Kellogg's cereals either are made from the whole grain or are restored to wholegrain levels of thiamine, niacin and iron!

NEW **Hellogg's** INDIVIDUAL PACKAGE IS EASY TO USE 2 WAYS!

Just take the box in both hands and break open the top along the perforated line as shown. That's all there is to it! A perfect portion every time! (And for extra fun, eat right out of the package—just open the little perforated doors on the back of the box and pour the milk right on!) Either way you use it, Kellogg's new Individual Box is CONVENIENT FOR YOU!



KELLOGG'S CORN FLAKES - RICE KRISPIES - PEP - KELLOGG'S 40% BRAN FLAKES - CORN SOYA - KRUMBLES KELLOGG'S SHREDDED WHEAT - KELLOGG'S RAISIN BRAN FLAKES - ALL-BRAN

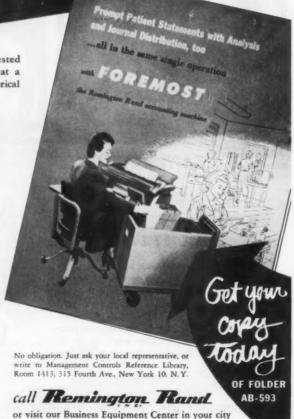
Brand new!

a 6-page guide to better patient bookkeeping

This folder shows you a practical and economical way to mechanize your accounting and slash your clerical costs

Four main features make this tested method especially helpful to hospitals at a time when budgets are strained and clerical help is hard to find.

- Patient's statement and ledger are always up-to-date and accurate. All items are fully described with minimum writing. All records are neat and easy to read. Delays are eliminated at cashier's window. No errors or misunderstandings with patients.
- 2. You get a complete departmental revenue analysis as a by-product of posting the patient accounts. At the end of each day, without further effort, totals by department are ready to show where your money is coming from and why.
- 3. There is no difficulty in balancing books at the end of the month because all records are kept automatically in agreement and all entries are proved correct at the time they are made. Most errors are discovered instantly, rather than requiring a long search at the end of the month.
- 4. No special operators need be hired. Your present bookkeeping staff can easily learn to use the single-keyboard Remington Rand accounting machine. And the same machine can also handle your payroll and accounts payable with similar speed and accuracy.



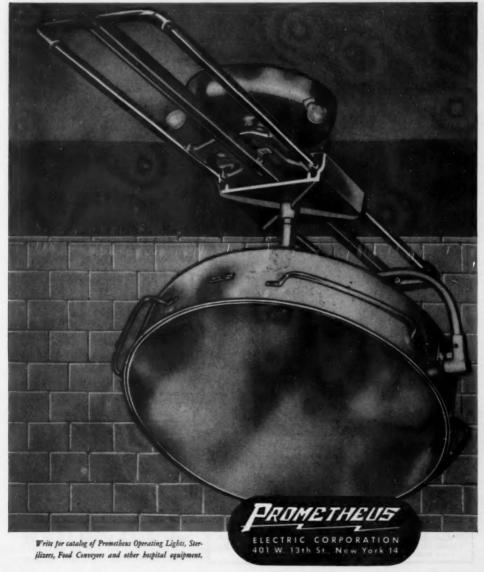
45-



A new major Operating Light that eliminates "third rail" hazard!

This is the only major Operating Light that eliminates the "spark" hazard...a constant source of danger to both patients and personnel. An exclusive Prometheus feature puts an end to this problem. This light assures adequate lighting at the bottom of the incision.

Rotary track mounted, there is never any need to move operating table to bring the light into proper position for the operation, whether it be an appendectomy, mastectomy, cholecystectomy, etc. Special scientific filters provide heatless, shadow-free, color-corrected light.



Tissue Pack

The new Pic-Pocket Pack features a new method of double folding and packaging hospital sized tissue "S'wipe's." Each package contains 24 two-ply tissues. It measures only 5 by 3 by 1/2 inches in size, is paper wrapped and so compact that it fits easily into the patient's robe or pajama pocket. Tissues can be removed one at a time without removing the package from the pocket. The new packaging without a box also permits a saving in cost of the tissues. The new double folded tissue is also available in bulk. The General Cellulose Co., Inc., Dept. MH, Garwood, N.J. (Key No. 557)

Rule for Spot Scanography

The new Bell-Thompson Rule for Spot Scanography was designed by Dr. J. Sheridan Bell and Dr. Walter A. L. Thompson. The rule and its accompanying blocker set permit simple, economical mensuration of the "long bones" by means of radiographs. The rule is taped down to the midline of the x-ray table, the patient's limb immobilized upon it and progressive spots are then exposed at the hip, knee and ankle, with suitable blockers over the 11 by 14 inch. cassette in the undertable Bucky tray. The centimeter readings on the rule appear superimposed on the film. Since neither limb nor rule has moved, measurements can readily be determined accurately. Comparison with the other limb is simple as it is radiographed in the same way on the second half of



the film. Picker X-Ray Corp., Dept. MH, 25 S. Broadway, White Plains, N.Y. (Key No. 558)

Square Root Calculator

A new feature that can be incorporated into the current Model STW-10 Friden Calculator is the Friden Fully Automatic Square Root Calculator. Developed by Mr. Grant Ellerbeck, the

machine is entirely automatic and extracts square roots and points off the correct decimal in the root through entry of the number and touch of one key. The machine is designed to extract the square root of ten digit numbers in nine seconds without the use of tables. Friden Calculating Machine Co., Inc., Dept. MH, San Leandro, Calif. (Key No. 559)

All-Weather Hydrant

Supply water is protected against contamination with the new non-freezing sanitary hydrant. It has no seep holes and functions at static water pressures ranging from 25 psi. to 130 psi. and at temperatures ranging from 100 degrees F. to minus 70 degrees F. A special rubber sleeve enclosed in the casing ensures operation during freezing or low temperature weather. Maximum flow of water is achieved by full pipe size areas throughout all passages in the hydrant. Efficient operation is ensured as the hydrant permits the maximum flow rate with a minimum pressure drop. The design of the hydrant is simple and rugged so that a minimum of maintenance is required. All working parts can be removed if required without disturbing the buried casing. J. A. Zurn Mfg. Co., Dept. MH, Erie, Pa. (Key No. 560)

(Continued on page 242)



"new-look" brightness at lower cost. You get more pad for your money. The entire pad works for you... saves time and waste motion. 4 grades, all diameters.

PADS

Brillo Solid Disc Pads stay firmly in place—will not buckle. Rest brush ...operate mach

Brillo Mig. Co., Dept. M, 60 John St., B'klya I, N.Y. Send free folder on low cost Brillo floor care.

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For the Comfort of Your Patientsfor the Convenience of Your Staff



No other hospital bed has been produced that offers equal advantages in comfort, in ease and speed of operation, in convenience in handling patients.

For complete information about construction and special "Built-in" features of this and other hospital room and ward beds and furniture, write

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BON SECOUR HOSPITAL, Methuen, Mass. Architects-Curtin & Riley, Boston, Mass.



e Cure for Hospital FEEDING PROBLEMS

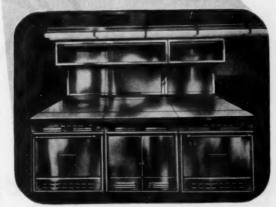
Hospital feeding problems can be a real headache unless proper attention is given to kitchen planning and equipment.

At the Bon Secour Hospital, Methuen, Mass., the prescription was Vulcan•Hart. The result — a smoothly operating kitchen that feeds over 300 people daily.

Vulcan flexibility and completeness of line take the guess work out of kitchen planning, because each job is virtually custom built to meet the carticular situation.

Real savings in fuel and food shrinkage, are reported by Vulcan owners the nation over, not to mention the dollars saved by increased efficiency.

Let our experience in the institutional field serve you! For full details see your Vulcan® Hart dealer or write 18 E. 41st St., New York 17, Dept. 14.



This Vulcan installation, made by the McDonald Company, Boston, Mass., consists of 2 Fryers, 1 Fry Top Range, 2 Radial Fin Top Ranges, 1 Spreader and 3 High Shelves.

Vulcan Hout

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HEAVY DUTY RANGES . BROILERS . BAKING OVENS ROASTING OVENS . RESTAURANT RANGES . GRIDDLES DEEP FAT FRYERS . FOOD WARMERS

WHITE KNIGHT BLANKETS



Will ROSS, Inc., Manufacturers and Distributors of Hospital and Sanatorium Equipment and Supplies

MILWAUKEE 12. WISCONSIN

















for all hospital services - including the latest stock all dosage forms



Milk Formula Refrigerators

Two new milk formula refrigerators have been introduced by Jewett. Model



D 3144, illustrated, is designed for use in the milk formula room and has capacity for 12 baskets containing 72 bottles, six bottles in each basket and six baskets per shelf. The unit is 4 feet long, 2 feet 4 inches deep and 3 feet high.

Model D 3127 is a larger milk formula refrigerator having capacity for 144 bottles in 24 baskets. The larger model has the same depth and height but is 6 feet 3 inches long. Both units have polished stainless steel exteriors on front, top and both ends, 3 inch cork board insulation, polished stainless steel interior finish with perforated bottom in the stainless steel shelves, blower type coil and flat top which may be used as a work counter. They are attractive and modern in appearance and easy to maintain. The Jewett Refrigerator Co., Inc., Dept. MH, 2 Letchworth St., Buffalo 13, N. Y. (Key No. 561)

Plastic Wall Tile

Eighteen months of research were spent in development of Church Wall Tile. The resulting tile has the flexibility to offset expansion and contraction movements on walls without cracking and it is chipproof and warpproof. It is carefully finished and inspected to ensure years of normal use.

The tile is molded and annealed, is 0.090 plus inch thick and the marble tone pattern resembles a smoky or wispy effect. Standard gauge tile 41/4 inches square is available in six colors, heavy gauge tile the same size is available in 17 colors and deluxe heavy gauge tile, 8½ inches square, is available in 12 colors. Color control is carefully handled to eliminate segregation by lot or shade number. The tile is light in weight, can be installed upon any structurally solid, smooth, clean, dry surface, is of solid molded materials with no coating to separate, is sanitary and easy to clean and retains its attractive appearance. C. F. Church Mfg. Co., Dept. MH, Holyoke, Mass. (Key No. 562)

(Continued on page 246)

Foundation Wire Mesh

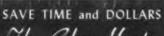
Designed for use in connection with the technic for hitherto inoperable hernias and all types of reconstructive surgery, United's new Foundation Wire Mesh is available in eight distinct sizes. The numbers of the mesh sizes indicate the number of strands of wire to the square inch and range in size from a stiff heavy screen to a delicate weave resembling soft silk, suitable for reconstructing weak and impaired areas in all parts of the body. The mesh is supplied in 6 by 12 inch sheets, specially packed.

Foundation Wire Mesh is made of a special stainless steel alloy which has a high degree of tolerance, is resistant to chemical and thermal changes, and is conducive to serum elimination. It is non-magnetic, non-irritating and non-corrosive; shapes readily, and possesses





great tensile strength. United Surgical Supplies Co., Dept. MH, 160 E. 56th St., New York 22. (Key No. 563)



The Glove Master

surgical gloves

- saves time
- asaves space
- saves gloves
- saves money

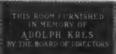
The Glove Master will help you meet the emergency of reduced personnel. It will dry and powder surgical gloves in a small fraction of the time required by hand methods.

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STIMULATE 4 FUND RAISING

Plaques & nameplates in bronze, aluminum or plastic have been proved the ideal, dignified and most effective way to raise funds for hospitals. By acknawledging contributions in this permanent manner you encourage future danors. Why not write us now for illustrations and prices. You'll be pleased by this economical and attractive way to give permanent recognition.



Style B

Solid cast aluminum or bronze tablet. Raised letters in bald relief contrasting with stippled oxidized background.



Style P

on laminated phenolic plastic. Your choice of white letlers on Mahogany, Walnut, Grey or Black beckground.

A FEW OF OUR MANY HOSPITAL ACCOUNTS*

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*Cerebral Palay Hospital

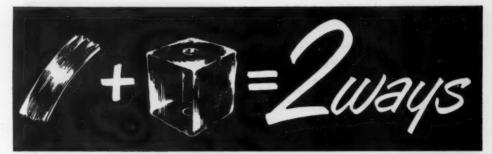
*Anderson County Hospital

*Anderson County Hospital

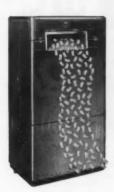
*Exact addresses furnished on request

"BRONZE TABLET HEADQUARTERS"

United States Bronze Sign Co., Inc.
570 Boodway Dapt. MH New York 12, N. Y.



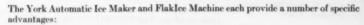
TO CUT YOUR ICE COSTS!



Modern hospitals rely on 1) FlakIce Frosty Ribbons and 2) the famous Yorkube made by the York Automatic Ice Maker. And it is a matter of record that the York-FlakIce Machine and the York Automatic Ice Maker pay for themselves in a surprisingly short time . . . cut ice bills to a fraction of former size.

York's unique Flaktee Mechines automatically produce a ton or more a day of small, thin, easy-to-handle ice flakes, pure as the water your patients drink. These Flaktee Frosty Ribbons are ideal for ice packs, ice anesthesia, cold therapy, "bain maries," and many other hospital uses.

York's exclusive Automatic ice Maker automatically produces up to 8000 ice cubes per day—the famous cubes with a hole. They are pure, clear, fast-cooling and non-regealing. Attachment available for production of up to 450 pounds of uniformly crushed ice per day. Perfect for served-in cold beverages, salads and food delicacies.



- ★ They eliminate hauling, hosing, chipping—all extra handling.
- ★ They eliminate costly waste due to melting, since the ice from each machine is automatically stored in its own large, sanitary, dry bin.
- * They eliminate the need for storage space for block or sack ice.
- ★ They eliminate supply hazard. These compact York machines are on your premises 24 hours a day, 365 days a year. And their record of dependability is unmatched.

For ice that reduces your ice bills check today with your York Representative, listed in your classified phone directory. Or write to York Corporation, York, Pennsylvania.



The big advances come from

YORK

Headquarters for - Refrigeration and Air Conditioning

WHITEY MOPZUM SAYS:



equipment — ask the men who use it! They'll tell you White equipment helps them do a better job, saves them time—and saves you money. Whether you need the smallest bucket — or the largest mopping tank — remember . . . "It's RIGHT — if it's WHITE."

WHITE MOP WRINGER CO., FULTONVILLE 9, N.Y.

ROL OVL' MOP WRINGERS



This rugged workhorse combines the famous White Oval Bucket with the smooth-operating Rol Ovl. More room to wash mop—and more pressure to wring it! Wood or steel rolls on wringer— with foot lever operation. In 16 or 26 quart sizes—equipped with gliders as shown.

For easier handling and greater floor protection, the White Rol Ovl outfit equipped with noiseless rubber casters has no equal. Next time you buy mopping equipment, try a Rol Ovl outfit — see how quickly it pays for itself in savings of time and labor! Send for Catalog No. 150.



It's RIGHT . . . If it's

WHITE

A COMPLETE LINE OF FLOOR CLEANING EQUIPMENT



Top picture above shows an exterior view of the recentlycompleted \$5,000,000 addition to St. Vincent's Hospital. Directly above are two 6-Door Stainless Steel HERRICK Pass-Through Refrigerators in the St. Vincent kitchen.

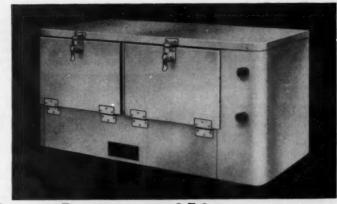
HERRICK-Equipped Hospital Kitchen Wins Grand Award in Fifth Annual Food Service Contest

In this year's nation-wide Food Service Contest sponsored by INSTITUTIONS Magazine, St. Vincent's Hospital in Toledo, Ohio, received a Grand Award for its excellent kitchen. This upto-the-minute kitchen is typical of the hospital itself, whose eight floors house the very latest in modern medical equipment. • The Grand Award is also a worthy tribute to ten HERRICK Stainless Steel Refrigerators serving St. Vincent's new kitchen. By keeping foods fresh and wholesome, these HERRICKS play an important part in filling the dietary needs of St. Vincent's patients. You, too, will find HERRICK Refrigerators unmatched for complete food conditioning. Write today for the name of your nearest HERRICK supplier.

HERRICK REFRIGERATOR CO., WATERLOO, IOWA DEPT. M. COMMERCIAL REFRIGERATOR DIVISION

HERRICK The Aristocrat of Regrigerators

proudly we present the new Odeal



Terminal Sterilizer...

Absolute control of the varied and stubborn bacteria that attack formulae for infant feeding is now made possible without any injury to the formula.

The new Ideal Terminal Sterilizer is an automatic, push-button unit that produces a temperature cycle providing both heat and cold for the destruction of the pathogens and non-pathogens responsible for the contamination of the formulae.

Operation of the Ideal Terminal Sterilizer is as follows: The formula is mixed and placed in nursing bottles which are in turn capped with the nipple and with a protective covering over the nipple. The bottles are placed in baskets, inserted in the Ideal Sterilizer, the doors closed and the operator presses a button.

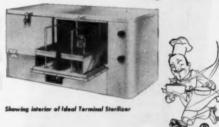
From that point the Ideal Sterilizer automatically takes over the control of the temperature cycle. When the cycle—and complete sterilization—is finished, both an audible and a visual signal notify the operator. The door is opened, and the baskets holding the bottles automatically rise, and drain. The savings in employe hours will pay for the Ideal Sterilizer several times each year in the average hospital.

Takes a Chill to Kill Tough Bacillus Globigii

Research has identified the bacteria that contaminate formulae for infant feeding as pathogens which can be killed by heat and non-pathogens which are heat resistant. The worst offender is the non-pathogen Bacillus Globigii which defess heat but dies quickly when chilled. Ideal Terminal Sterilizer solves the problem of providing a time and temperature cycle that kills pathogens with heat, non-pathogens with cold, without injuring nor altering the formulae in the slightest degree.

The Ideal Terminal Sterilizer has been in test operation for over a year. Milk specimens were inoculated with 3,700,000 units per cc. and when processed were classified as sterile. It is a compact, beautiful, all stainless-steel unit easily kept clean. The operating and timing mechanisms are isolated in the end of the unit where they can be easily serviced, removed and replaced. The dimensions of the unit are 18" x 37 1/4". Capacity 40 bottles. It is readily portable.

Specifications subject to change without notice.





Odeal
Odeal
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THE SWARTZBAUGH MFG. COMPANY... ESTABLISHED IN 1884...TOLEDO 6, OHIO

Manufacturers of Ideal Food Conveyors, and Hot Pack Heaters.

Distributed by—The Colson Corporation, Elyria, Ohio; the Colson Equipment and Supply Company,
Los Angeles and San Francisco. In Conada, Canadian Fairbanks Morse Company.

Nurses' Call Button

A new Nurses' Call Locking Button is now available which is designed to replace any multi-contact locking button on low voltage nurses' calling systems. The mechanism is enclosed in a highimpact, shock-resistant molded shell which is practically unbreakable. The button center is long and is easily operated by the patient. The reset collar is large in area for quick and easy opera-tion by the nurse. The button has five electrical contacts, three for lamp signals, one as common leg, and one a mo-mentary contact for buzzer signal. The contact mechanism is positive-lock construction and once operated cannot be accidentally released. The cord is connected by screw terminals and a strain relief anchor ensures that cord pull will not disturb the connection. Auth Electric Co., Inc., Dept. MH, 34-20 Forty-Fifth St., Long Island City 1, N.Y. (Key No. 564)

Blood Storage Cabinet

To avoid deterioration of stored blood caused by the vibration of the refrigerating mechanism, a new Blood Storage Cabinet has been developed in which the entire condensing unit is supported on a special hanger. After installation

it can be dropped away from the cabinet and supported on the floor. The cabinet has six anodized revolving shelves which hold approximately thirty 500 cc. bottles each. The exterior of the cabinet is of stainless steel and the unit occupies only 35 by 30 by 72 inches of space. Tem-



peratures are recorded continuously by the Moto Meter and a circulating fan keeps temperature uniform throughout the cabinet. Double temperature control is provided as a safeguard against freezing. The John Bunn Corp., Dept. MH, 165 Ashland Ave., Buffalo 22, N.Y. (Key No. 565)

(Continued on page 250)

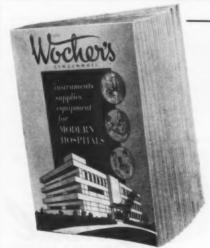
Adhesive Balm

Designed to reduce the dermatitis and pruritus caused by the application of adhesive tape and casts, Larson's Adhesive Balm is applied to the skin prior to applying tapes or casts. It forms a stainless, water soluble film which guards against skin infections and permits removal of the adhesive without discomfort. It is available as a spray or in cream form, both types being identical in effect. Larson Laboratories, Inc., Dept. MH, Erie, Pa. (Key No. 566)

Springless Mattress

A new light weight mattress has been developed of plastics which offers a high degree of body support and durability.

A permanently sealed pneumatic core forms the structural "skeleton" of the new mattress which consists of air-filled cubes of vinyl film, individually sealed and produced as one continuous unit. The plastic core is encased in cotton and felt and covered with ticking in the customary manner. The unit was perfected by a Swedish inventor, it contains no metal, so that there is no possibility of rusting, and it has been subjected to severe tests for durability. Susquehanna Mills, Inc., Dept. MH, 404 Fourth, New York 16. (Key No. 567)



-speaking of Conventions

THE GREATEST DISPLAY OF ALL IS IN THIS 400-PAGE NEW CATALOG

Here is a complete reference book. It describes, with pictures and words, all the things you need for the equipment and operation of a modern hospital — furniture, instruments, surgical and medical tools and sundries of all kinds. A copy was mailed to you. If you did not receive it, or want another one, free of charge, just drop a line to:

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A Notable <u>Achievement</u> in Hospital Furniture—

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Announcing the superb new modern group "that hospitals designed"... unmatched in its fine construction details...distinctively functional and clean of line... cheerful in its tawny-blond mahogany finish. You've long hoped for such hospital-tailored features—long looked for these extras in woodworking craftsmanship and design.

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Bed, bedside cobinet and dresser base solid mahagany and mahagany veneers. Penels of balanced five-ply construction. Exceptionally tough finish, highly resistant to stelns and wear. Ventilated bedside cobinet with matching plastic top and edge.



Spacious four-drawer dresser base, full frame construction and dustproofing between each drawer. Drawers dovetailed front and back, securely center-guided, and with rubbed natural eak interiors.



Attractive, comfortable "wall-saver" chair with removable and reversible cushions. Sturdily built of solid birch in matching tawny-bland finish.

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ST. FRANCES CABRINI HOSPITAL—ALEXANDRIA, LA.
Goleman & Rolfe, Architects

This beautiful new 150-bed hospital was a 1931 Award of Merit Winner in the American Institute of Architects design competition. It is awned and aperated by the Sisters of Charity of the Incarnate Word, whose Motherhouse is Villad & Motol. Mousten, Texas. One of more than 1100 hospitals using FABEON hodgy.

Another FABRON Installation!

When so many of the new hospital projects going up these days insist on FABRON wall coverings as their decorative treatment — there must be a reason for it!

Perhaps it's because this fabric-plastic-lacquer wall covering combines advantages no ordinary finish can duplicate — such as a decorative latitude of more than 160 patterns and colors . . . long-term durability . . . positive protection against plaster cracks . . . unlimited washability . . . easy repairability in case of damage.

Or maybe it's because of FABRON's unmatched economy — lowest on the basis of cost-per-year-of-service. Or its initial cost, well within the average budget.

More than 1100 hospitals throughout the country have

already adopted FABRON, so that in considering it for your new building program you are not weighing the merits of an unknown product... but one that has been tested and proved by years of service.

Why not write for the new FABRON Data Sheets? They contain important information on comparative costs, the proper time to consider FABRON, how to obtain it at lowest cost, free estimating and decorating services, etc. No obligation, of course!

FABRON helps prevent fire spread. Every roll carries the label of the Underwriters' Labor-

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The fabric-plastic-lacquer wall covering for hospitals

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The line that pays back longer

Stainless Steel POLAR WARE

The more you increase the life of a product, the more you reduce its actual cost. Polar

Ware stainless steel utensils are made to this basic principle of hospital economics, and
the inventory records of hundreds of hospitals everywhere prove conclusively that Polar

Ware does pay back in longer years of service.

Since 1926 Polar Ware has been making heavy gauge, rugged stainless steel ware for the broad applications of hospital use — clinic, sickroom and kitchen service. When you want stainless steel utensils, ninety-nine chances in one hundred you'll find just what you are looking for in the Polar Ware line — and you know it's right.

That's why the leading hospital supply houses from coast to coast carry this time-tried, time-proved line that backs up their good reputation. Your judgment, too, is sound when you specify Polar Ware on your order.

Polar Ware Co. SHEBOYGAN, WISCONSIN

Dishwashing Machine

A new pump type dishwashing ma-chine is being introduced which features



a rackless all nylon molded conveyor. No metal is exposed which could chip or mar dishes. Cups and glasses are placed on the conveyor without the use of dish racks and plates are placed upright between the nylon pegs. Nylon rollers afford smooth, quiet rolling of the conveyor over extruded brass rails.

All parts and scrap trays of the machine are easily accessible through large clean-out doors on the front of the machine. The scrap trays completely cover each wash and rinse tank and fine perforations are used for maximum filtration of food particles. The new series, 85PT, is available in three standard models: a two tank machine; a two tank machine with pre-wash from

machine. G. S. Blakeslee & Co., Dept. MH. 1844 S. Laramie Ave., Chicago 50. (Key No. 568)

Illumination Control

Model 1089 is a new weatherproof and simple illumination control of the plugin type. It is designed for low operating and maintenance costs and provides completely automatic "on-off" control of artificial lighting at predetermined light levels. This eliminates arbitrary time schedules and human judgment and ensures better lighting control. It is ruggedly constructed for long trouble-free service and will function at unusually high and unsually low as well as at moderate temperatures. Weston Electrical Instrument Corp., Dept. MH, 641 Frelinghuysen Ave., Newark 5, N. J. (Key No. 569)

Air Filter

A new air filter has been introduced which is capable of removing practically all dust, smoke, fumes, radioactive particles, spores and other microscopic foreign matter from the air. Developed originally for the Atomic Energy Commission, the filter is now being made

available water supply, and a three tank available for commercial use. It is especially applicable where toxic or radioactive fumes or dust must be prevented from entering areas or rooms such as operating rooms, delivery rooms, laboratories and special patient and treatment

The filter is being manufactured at present in two standard sizes with rated capacities of 500 and 850 cubic feet of air per minute. Individual units may be arranged in multiple banks of filters in built-up ventilating or exhaust systems or central station air conditioning sys-



tems to handle any desired amount of air. Cambridge Corp., Dept. MH, 350 S. Geddes St., Syracuse 1, N.Y. (Key No. 570)

(Continued on page 254)



WOULD YOU PREFER WHEN THE FIRE BELL RINGS?

> Seconds instead of minutes save many lives

When loved ones must be hospitalized, the family rests more easily when POTTER SLIDE TYPE ESCAPES stand guard, ready to receive and slide patients, nurses and interns safely to the outside ground and helpful hands, in seconds instead of minutes.

Dangerous, angular, outside escapes require slow, step-by-step labor to carry out

Inside stairways have always been crushing death traps from stampedes.

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For a quarter century our cam-

paigns have succeeded not only financially, but in the excellent public relations we have established

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& ASSOCIATES

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HERE'S NEWS, MR. ADMINISTRATOR:

... permits associating wood and metal!



This is the WALDORF WOOD GROUP, smartly styled in natural birch. This group combines functional design with the beauty and warmth of real wood. Write for our brochure, "The Newest Thing in Wood."

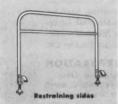
HARD'S Life-Long wood and metal furniture groups are unique... because for the first time hospitals can have interchangeable parts. That means that gatch springs, mattresses, restraining sides, irrigation rods... all fit both metal and wood furniture with equal facility.

Just another reason why hospital personnel have come to rely on Hard's Life-Long products!











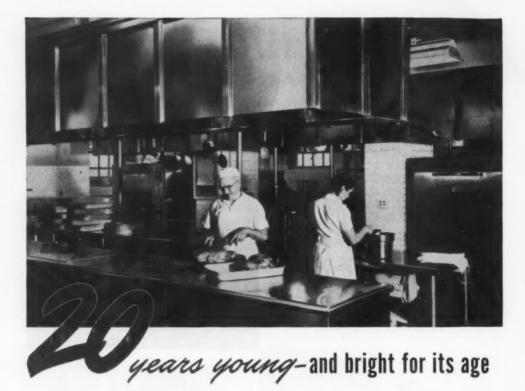
Life-Long Mattrasses

This is the SUTTON METAL ROOM GROUP, well-designed and superbly crafted in long-lasting metal. The simplicity of its modern design reduces house-keeping problems to a minimum... and introduces new convenience into hospital furniture. Springs, etc., are interchangeable with both Hard's metal and wood room groups.

Sold exclusively through selected surgical supply dealers.



117 TONAWANDA STREET, BUFFALO 7, N. Y.



Back in 1931, new kitchen equipment fabricated of Republic ENDURO Stainless Steel was installed in this prominent mid-west hospital. To this day—after two decades of continuous use—the ENDURO equipment still is bright and new-looking.

There has been no maintenance cost. The kitchen is easy to clean and to keep clean. Sanitation standards are rigidly upheld.

In fact, because of ENDURO'S outstanding performance here, the hospital staff always is on the lookout for more applications for this "thrifty metal of 10,000 uses."

20 years of service... free from maintenance and replacement costs! That's the way to conserve limited hospital funds. ENDURO lasts and lasts... saves other critical materials, too.

Interested in more specific information? You'll find it in the interesting booklet, "Enduring Sanitation With Hospital Equipment of Republic ENDURO Stainless Steel."
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Keep all Walkways Slip-proof with

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The Non-Slip, Brush Applied Abrasive Floor-Coating



Horn Tread-Sure produces a heavy long-wearing anti-skid surface on wood, concrete or steel. Tread-Sure is an abrasive filled brush-coating, simple and inexpensive to apply on any size area.

Tread-Sure is resistant to gasoline, alcohol, oil, grease, detergents, industrial waste and many types of acids. Tread-Sure provides a non-skid safety footing, giving the worker confidence and security by reducing accident hazards.

Tread-Sure maintains traction and resiliency and is comfortable to stand on. Designed for exterior as well as interior use, it may be brush applied over other paint or direct to unpainted surfaces. Used as it comes from container.

Three non-glare colors—Battleship Grey, Red, Green.

Uses for Tread-Sure

Steps and stair treads
Aisles—walkways
Ramps—gangplanks
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Machinery platforms
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GENTLEMEN:
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STATE____

MH-51

Liquid Cleaner and Sanitizer

An equally effective cleanser in hard or soft water, leaving no residual soap film, West Sanikleen is a new odorless general purpose liquid cleaner and sanitizer, combining a quaternary ammo-nium compound and a compatible synthetic detergent of high cleansing properties. It can be used for cleaning and sanitizing walls, windows, dishes, glassware, eating utensils and floor surfaces of wood, concrete, linoleum, asphalt tile, terrazzo and similar materials. When used according to directions, the sanitizing properties of the quaternary ammonium compound ingredient reduce the amount of bacterial contamination. Surfaces may be mopped, scrubbed or brushed with the solution. West Disinfecting Co., Dept. MH, 42-16 West St., Long Island City 1, N. Y. (Key No. 571)

Vegetable Peelers

Two new floor model, stainless steel vegetable peelers have been added to the Univex line. Model F40 has a capacity of 40 pounds and Model F60 of 60 pounds of potatoes or other root vegetables at one time. Overpeeling is prevented by an automatic timer, thus making it unnecessary to supervise the operation. The full capacities of 40 or 60 pounds of vegetables are peeled in little more than a minute with only the thin skin removed. The new models are 40 inches high, 241/2 inches long and 22 inches wide. Each has a silent double "V" belt



drive and an enclosed peel trap. Universal Industries, Dept. MH, Somerville, Mass. (Key No. 572)

Masonry Wall

A new type insulated cavity masonry wall, known as the SCR Insulated Cavity Wall, features a new type low cost pouring insulation. The new masonry wall needs no furring, lathing or plastering

(Continued on page 258)

on the interior wall surface but can be plastered direct when desired. The wall is built in two sections, interior and exterior, with a hollow space in between which helps to prevent heat loss and penetration of moisture. The insulation used in the new SCR Insulated Cavity Wall is a fibrous type of insulation designed to be poured into the cavity. Structural Clay Products Institute, Dept. MH, 1520 18th St., N. W., Washington 6, D. C. (Key No. 573)

Plastic Protective Garment

A protective covering for the absorbent padding required on incontinent and post-operative patients is offered in a clear plastic garment known as Protex-U. The garment is adjustable at the waist and thigh for maximum comfort, has no elastic bands and is simply put on or taken off by unbuckling the sliding snap buckles. Bedding is protected by use of the garment, odors are reduced and nursing care is simplified. Protex-U is ventilated, comfortable and cool and easily sterilized. It is made of .008 gauge Bakelite plastic and is available in sizes for infants, children, juniors and adults. The infants' garments have a special insert for a diaper. H. S. Dunn, Dept. MH, 903 E. Palm Ave., Burbank, Calif. (Kev No. 574)



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Germann WILSON SODA LIME ... SODASORE ... have been the standard CO: absorption material used by leading hespitals for over 30 years

SODASORS is made with a special granular structure that gives it unusually high powers of absorption. Each greates has a unique, ceral-like shape that gives the greatest pos-sible area of absorbing surface, and that causes granules to turnile naturally into an alignment which permits free intergranular circulation of the gases, with no flat surfaces that could stack or block. For best results, specify SODASORR. Order from your hospital supply house, or write for free technical data nave.

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KENTILE FLOORS

are ideal for hospital rooms, wards and corridors

AND COST APPROXIMATELY 25¢ A SQ. FT.*



HOSPITAL FLOORS must be built to last! Yet, they must be always clean and sanitary, economical to maintain, fire-resistant, quiet and comfortable underfoot—and they must contribute to the light, cheery atmosphere that banishes that depressing "sick-bed" feeling! All this is accomplished at surprisingly low cost by durable Kentile Floors.

Kentile Floors are easy and economical to maintain... they clean with just mild soap and water. And they are so resilient... giving with each step to muffle noise and absorb shock.

Kentile's 26 light, bright colors and decorative ThemeTile make almost any design possible. Colors are permanent...can't wear off because they go clear through the tough, tough tile for decades of like-new wear.

*Price for 3/4" thickness, 1,000 sq. ft. area, may be considerably lower or slightly higher depending on the colors you choose, size and condition of your floor and the freight rates to your city. Ask your local Kentile Dealer for an exact estimate. His name is in the classified phone directory under FLOORS. In Canada—ar T. Eaton Co., Ltd.

In addition to the outstanding beauty, durability and underfoot ease of Kentile Floors, you can have famous Kentile quality on walls, too. Kentile provides an attractive, colorful wall that cleans easily, resists dirt and scuff marks and lasts for years.



A HANDSOME WALL BASE... the finishing touch between walls and floors—This cove base eliminates dirt-catching corners... keeps out dust, water and insects... makes cleaning quicker, easier, more thorough. Never needs painting... mop and scuff marks won't show.

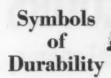


KENTILE.

The Asphalt Tile of Enduring Seauty



KENTILE, INC., 58 Second Avenue, Brooklyn 13, New York - 350 Fifth Avenue, New York 1, New York - 703 Architects Building, 17th and Sanson Streets, 121 MINE Building, Clevelland 14, Oline at 221 MINE Building, Clevelland 14, Oline at 225 MINE Building, Clevelland 14, Oline at 225 MINE Building, 125 MINE Building, 12





THE GRAND CANYON

Nature's grandest, most colorful and majestic spectacle; 217 miles long, 4 to 18 miles wide, 4,000 to 6,000 feet deep, exposing rocks a billion years old.

Consult your favorite distributor for these durable **Dundee products** HUCK AND TURKISH TOWELS (both plain and name woven) CABINET TOWELING . BATH MATS . FLANNELETTES DIAPERS . DAMASK TABLE TOPS AND NAPKINS CORDED NAPKINS . DUNFAST ALL-PURPOSE FABRICS

DUNDEE MILLS, INC., GRIFFIN, GA. . Showrooms: 40 Worth Street, New York, N.Y. BRANCH OFFICES: BOSTON . CHICAGO . DALLAS . DETROIT . GRIFFIN . LOS ANGELES . PHILADELPHIA . ST. LOUIS . SAN FRANCISCO

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Magnetic Recorder-Projector

Commentary on surgical films and other informative and educational films



used in the hospital can be directly recorded magnetically on the edge of 16 mm. picture film with the new Model "400" Magnetic Sound Projector re-cently introduced. Magnetic recording of 16 mm. film is made possible by a new film process. A strip of magnetic oxide 1/10 inch wide is coated on the edge of the film. It can be placed on the film either before or after it has been used for picture taking and even if it already has an optical or photographic sound track.

The new equipment makes available the special advantages of magnetic recording and reproduction in many ap-

plications of 16 mm, film, Revision or variation of sound treatment on the film can be effected immediately since the sound tape can be quickly erased and rerecorded without delay or processing. The new recorder-projector offers high quality sound, unusual flexibility and operating convenience and savings in time, film and processing costs.

The equipment features simplicity of operation since it is necessary only to turn a switch and talk or play music into a plug-in microphone to record. After recording is completed, another control may be set for immediate playback. If revisions are needed or if re-recording of the film is desired, an electronic erase head may be activated by another simple control. A mechanical safeguard prevents accidental erasing. Radio Corporation of America, RCA Victor Div., Dept. MH, Camden, N.J. (Key No. 575)

Room Furniture

Ready-to-paint furniture for patients' rooms, which can be quickly finished to harmonize with any decorative scheme, is now being made available for hospitals. Offered in plywood or "Plateena, the furniture is available in standard chest, cabinet and case styles and in custom built styles to meet any specifica-

tions. Designs for waiting rooms, lobbies and other areas can also be made up. Penron, Inc., Dept. MH, 70 E. 45th St., New York 17. (Key No. 576)

Floor Brush Chassis

When heavy brushes are used for sweeping floors, the JEF Floor Brush Chassis conserves manpower by avoiding the strain of lifting. Consisting of a metal frame equipped with two swivel casters, the chassis has leg screws for attaching the forks to the back of the brush. The cross-member is joined to the handle by a hanger suspended from a clamp. A turn-buckle allows the angle of the handle to be adjusted to a comfortable position. Sweeping can be done on either the push or pull stroke and



the brush can be readily manipulated around and under obstacles. JEF Mfg. Co., Dept. MH, 346 W. Monument Bldg., Dayton 2, Ohio. (Key No. 577)

(Continued on page 262)

Enjoy Years of Extra Service with

AKESID Heavy Duty UTILITY CARTS

Look at these extra-value features: All stainless steel construction . . . Large 4" Bassick casters . . . Reinforced at points of stress . . . Noiseproof-treated shelves . . . Heavy angle-iron caster framework . . . Rubber handle bumpers. Model 411 shown has 15½ x 24" shelves, costs less than 15c a day to pay

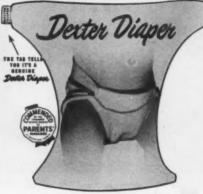
available.

for itself in a year. Other 3, 5, and 6 shelf models See Your Jobber or Write

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MFG. CO. 1977 S. Allis St., Milwaukee 7, Wis.

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- No Folding Necessary Even Dad Can Do It Made of Long Lasting Red Star Birdseye

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- will insure marked economies in virtually every phase of hospital operation.



- Centralized preparation and sterilization of specific requirements means fewer attendants needed . . . fewer units of essential equipment necessary.
- Standardization of sterilizing procedures under one centralized authority means less possibility of error . . . less waste . . . greater safety control.
- A centralized facility permits unskilled workers to relieve highly trained floor nurses for bedside duties . . . increases personnel productivity.
 - A centralized facility makes possible a perpetual requisition control and inventory check . . . no unrecorded consumption of supplies.



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STERILE STORAGE SECTION

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SECTION

*Recent installation photos courtesy of People's Hospita

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AMERICAN STERILIZER COMPANY

Erie, Pennsylvania

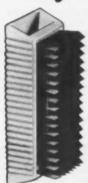
A GRATIS SERVICE . . . to you, your architect, and your hospital consultant

Let our experienced Planning Department analyze your present floor plans or new construction blueprints with a view of recommending the which—where—how and cost of an adequate installation without charge.

DESIGNERS AND MANUFACTURERS OF SURGICAL STERILIZERS, TABLES AND LIGHTS







Use Anchor Brush of Nylon bristles with the tested and proved "Scrub Up" technique for which there is no substitute. Although autoclaved twice daily for over a year, the soft but firm texture of the Anchor Brush bristles leaves even the most tender skin unscratched.

Make a Comparison Test With Anchor Brush

Tapered ALL-NYLON handle with corrugated sides for firmer gripany dispenser, Lightweight—only 11/2 oz.—but strong, durable and econo Each tuft is anchored by a non-corrosive Nickel-Silver Pin which prevents loss of bristle.

Anchor Brushes Are Guaranteed to Withstand a Minimum of 400 Autoclavings

Another famous Anchor All-Nylon product is the popular Seven ounce, unbreakable tumbler. These tumblers are smart in design and have a rigid ribbed surface for sure grip. Stain resistant; available in white and pastel shades. Can be autoclaved or boiled without damage. Economical and lasting.





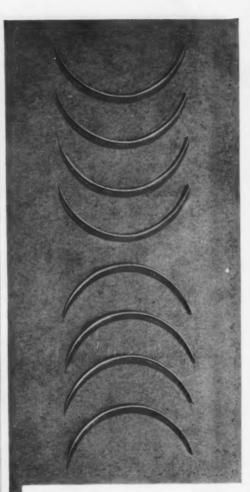
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In reply, The Utica and Mohawk Cotton Mills are proud to offer the Certified Washable Seal recently awarded by the American Institute of Laundering, the National Trade Association of the laundry industry.

The presentation of this seal read:



"In behalf of the entire laundry industry, we of the American Laundry Institute wish to congratulate you and express our sincere pleasure concerning the way in which Hope Sheets, Mohawk Sheets, Utica Sheets, Mohawk Combed Percale Sheets and Utica Beauticale Sheets passed our very rigid inspection and testing."

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Cardio-Tachoscope

A new instrument, the Cardio-tach-oscope, now makes it possible to observe



cardiac action continuously during sur-The instrument has undergone clinical tests for more than a year and is now being made available. Connected to the patient through conventional EKG leads, the instrument gives a continuously audible and visual indication of cardiac rate, as well as a continuously visible cardiogram on a cathode ray tube screen observable from a considerable distance. Cardiac arrest, arrhythmia or change in pulse rate is instantly made evident to surgeon and anesthesiologist. A warning signal is actuated whenever the pulse rate rises above or falls below limits previously set by the operator.

The instrument can be connected to any direct-writing cardiograph if a permanent record is desired. Instrument Laboratories, Dept. MH, 373 First Ave., New York 10. (Key No. 578)

Insecticide

A new insecticide has been announced that is designed to kill all common insect pests instantly. It is non-toxic to warm blooded animals, non-staining and free from unpleasant odor. The new product combines a newly discovered insecticide in a formula that increases the insect kill, and is being distributed under the trade name, Formula "444."

A new portable electric aerosol sprayer for use in applying "444" has also been announced. Called the Torredo sprayer, it is made of stainless steel with Plexiglas handle. It is designed to penetrate the deepest cracks and crevices 'n walls, floors and between stored products with a dense, effective spray. Bromm Chemical Co., Dept. MH, 319 Goodsell St., Evansville, Ind. (Key No. 579)

Dictating Machine

Magnetic tape is used in a new electronic dictating machine recently introduced. This is an especially designed dictating system with magazine loading, known as the Permoflux Scribe. Magazines are interchangeable from one machine to another. Since the machine operates electronically, tape recordings can be used thousands of times without loss of tone quality and without surface

noise or distortion. Dictation, medical records, conferences and other recordings are wiped off the tape automatically when new material is recorded. The motor runs only when the machine is in actual operation and most of the action is automatic.

The single selector lever furnishes complete control of tape in record, listen, fast forward and fast reverse positions. Other features include exceptionally fast forward and rewind speeds, audible endoftape indicator, accurate indexing, instantaneous foot pedal control, voice level indicator and automatic back spacer. A diffused light burns red when the machine is recording. The Permoflux Scribe



has a microphone, speaker or headphone playback and is portable. The Permoflux Corp., Dept. MH, 4900 W. Grand Ave., Chicago 29. (Key No. 580)

(Continued on page 266)





DUKE HOSPITAL DURHAM, NORTH CAROLINA

Made possible by the Duke Endowment, renowned for the generosity and farsightedness of its provisions. It is a hospital that is famous for the efficiency of its management, the skill of its staff, and the completeness of its equipment. A unit of Duke University.

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Super-sanitary, and unharmed even by caustic cleaners. Non-porous Micarta permits absolute sanitation because nothing can penetrate it and the himplest, easiest, fastest wiping will clean it completely.



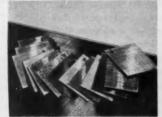
Resists strongest staining agents. Alcohol, bleaches, chlorides, dilute acidseven iodine-won't stain or attack Micarta. On bedside furniture, medicine tables, kitchens, laboratories it takes the roughest abuse – never stained, never harmed.



Takes toughest wear-never dented or cracked. In kitchens, floor service centers, dining rooms, cafeterias. Micarta tops stand up under heavy use. Even banging pots won't mar this super-tough plastic.



Handsome, stainproof, cigaretteproof furniture tops. Imagine fine bedroom furniture with tops neither nurses, orderlies nor visitors can harm—in any way. That's the magic of Micarta. And by using Micarta Truwood your furniture is naturally beautiful. Micarta Truwoods are real wood veneers encased in imperishable plastic so that they look exactly like the wood sides because they are matching woods.



Pleasant, cheering colors. Where color is wanted for its wonderful psychological value, Micarta offers an amazing range-from brilliant primary tones to smart and soothing pastels—or even pure white! And handsome decorative effects can be achieved with Micarta's fine pattern range.



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Vol. 77, No. 4, October 1951



Double performance -outside and in

Lupton "Master" Aluminum Windows add much to the efficiency and comfort of this new medical center. Slim frames and narrow horizontal muntins provide interiors with maximum daylighting, while complementing the trim modern exterior.

Precision engineered ventilators fit snug without forcing, to assure consplete weather protection. Easily opened, they provide controllable, natural ventilation at all times. Ventilator and frame members are a deep 1% inches for the extra strength needed in today's larger sized windows.

Sturdily constructed, Lupton "Master" Aluminum Windows offer long, trouble-free service with unusually low maintenance costs. Made especially for hospitals, schools and public buildings. For complete details contact your local Lupton representative or write direct for our General Catalog.

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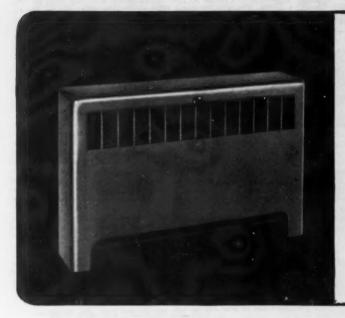
Member of the Metal Window Institute and Aluminum Window Manufacturers Assoc.



Medical Center Building in Athens, Ga. Architect: Clarence Wilmer Heery, Athens, Ga.; Contractor: Mathis Construction Co., Athens, Ga.

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dunham cabinet convectors



outstanding dunham design features



- 1. Convector Cabinet of heavy sheet steel has smooth, rounded corners; grille is an integral part of convector front.
- 2. Heating Element of non-ferrous metals assures fast heat transfer.
- 3. Demper Centrel Easy to reach; easy to operate. Damper adjustable to any position.

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You get clean heat—where and when you need it—with Dunham Convectors. Dunham design assures quick response to heat demands . . . effective delivery of warm air throughout the room. In addition, these convectors are built to withstand rough day-to-day treatment. They're unsurpassed for:

Durability—Cabinet front is one-piece heavy sheet steel with integral louver grille for maximum strength and rigidity.

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Economy—Handy damper control checks heat delivery almost instantly. Quick-to-respond heating element avoids costly heat lag and over-run.

You can depend on Dunham products for quality performance, regardless of your heating needs. So why spend time shopping around when Dunham makes a complete line of steam heating equipment?... everything from a fully automatic engineered heating system—to a wide selection of small but vital traps and valves.



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Vari-Vac Differential Heating - Baseboard Radiation

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Pharmaceuticals

Armour Tryptar

Crystalline trypsin, produced by The Armour Laboratories under the brand name Tryptar, is now being made available to all registered hospitals. Used as a "chemical scalpel" for cleaning dead tissue from wounds and body cavities, Tryptar is an extremely pure form of trypsin, an enzyme produced in the mammalian pancreas, the function of which, in nature, is to break down and digest the proteins of food. Recent research indicated that it could be used safely and successfully to digest away the debris of various types of disease, leaving clean wounds which heal quickly. The results of intensive research indicate its value in tuberculous empyema, ulcers of various types, osteomyelitis, gangrene, frost-bite, mangled traumatic wounds and infections of other cavities. The unique value of Tryptar in this use is that it does not affect living tissue. Armour Laboratories, Dept, MH, 520 N. Michigan Ave., Chicago 11. (Key No. 581)

Ophthalmic Cortone Preparations

Three ophthalmic preparations of Cortone, the Merck brand of cortisone, have been announced for topical use in

certain inflammatory eye diseases. The new products are a 0.5 per cent Oph-thalmic Suspension of Cortone Acetate and a 2.5 per cent suspension, both supplied in 5 cc. vials with dropper assembly and packaged in multiples of 12 vials: and a 1.5 per cent ointment of Cortone acetate, supplied in a 1/4 ounce tube containing 3.5 grams of ointment and packaged in cartons containing 12 tubes each. Merck & Co., Inc., Dept. MH, Rahway, N.J. (Key No. 582)

Polysorb

Polysorb is a new formulation of sorbitan sesquioleate in a petrolatum-wax base for use as a vehicle in dermatologic practice. It is nonionic in character, of approximately neutral pH, odorless and will not develop alkalinity, turn rancid or dry out on standing. It is nonirritating to the skin and mucous membranes and is compatible with all usual dermatologic agents. It is sterilized for use in sterile opthalmic ointments. E. Fougera & Co., Inc., Dept. MH, 75 Varick St., New York 13. (Key No. 583)

Di-Met

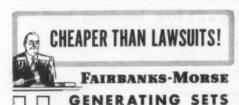
A balanced combination of male and female sex hormones, in single-dose form, said to cause a minimum of side

reactions, is offered in oral and sublingual tablet form as Di-Met and in injectable form as Di-Met (BP). Di-Met, because of its two-fold hormonal activity. is described as especially well-suited to the control of acute menopausal symptoms and of menopausal osteoporosis. Di-Met tablets are available in bottles of 30 and 100. Di-Met (BP), 10 cc. multiple-dose vials, are available in boxes of 1 and 6. Organon, Inc., Dept. MH, Orange, N. J. (Key No. 584)

Evans Blue Dye

Evans Blue Dye is a clinically proven dye to be used as a guide in administering blood transfusions. It acts as a guide for measuring a patient's circulating blood volume. The product has been available only for research but is now being produced in a form for therapeutic use for general distribution. The product has also been used experimentally to determine the efficiency of the heart and to help in discovering abnormal openings between its various chambers. The product will be made available in ampules, each containing 25 mg. of the dye, packaged in boxes of six and 25 each. William R. Warner Division of Warner-Hudnut, Inc., Dept. MH, 113 W. 18th St., New York 11. (Key No. 585)

(Continued on page 270)



Power failure can start a lot of trouble for theater operators, hospitals, institutions, churches, schools, police, fire and other municipal departments. Injuries, loss of life, and property damage can lead to lawsuits and heavy damage claims.

Protect yourself. Install a Fairbanks-Morse Generating Set for quick power during emergencies. Available in a capacity to meet your

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erested in emergency power generating Name

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saves you Manpower, Money, Minutes on Extraction of loads totalling in the tons.

More and more—laundry operators are finding it's "penny wise, pound foolish" to handle daily tonnage manually at extractors. Modern mechanical equipment speeds production and cuts cost by processing loads on a bulk basis. Avoids delays and bottlenecks—avoids high, non-productive labor charges. Now investigate how you can increase profits on every pound of work with Hoffman "mechanized handling" Extractors.

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UNLOADING EXTRACTORS

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the fast-cycle HYDRAULIC EXTRACTOR

for 2,500 Pounds Per Hour

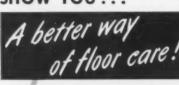
With unloading extractor, above, two basket halves of wet work are lifted by electric hoist—deposited directly into extractor. Then, extracted load is raised, rolled via overhead monorail, and dumped for tumbling or flatwork finishing.

Hydraulic Extractor provides 5-minute cycle for loading, extracting and unloading, 200-pounds per run.

Quiet — vibration free — simple, single-lever control.







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INSURE PRIVACY... INCREASE BED CAPACITY WITH CUBICLES In Non-Peeling Alumilite Finish

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"PRE-FAB" CONSTRUCTION reduces installation time to a minimum...no "on the job" fitting required. All rod measuring, cutting, thread-ing, boring, etc., as well as curtain tailoring is completed in the ARNCO plant be-fore shipment. They're really "custom-made"



QUIET OPERATION, NEAT AP-PEARANCE...The ARNCO plas-tic roller hooks, to which the curtains are attached, roll back and forth on tracks of Alumilited seamless aluminum tubing, without catching or bending. They move quietly and with perfect ease of operation.



STRONG, LIGHT, ECONOMICALsince all parts, tubing, cor-ner bends and fittings are made of aluminum, with Alumilite finish . . . a hard, smooth finish that won't peel, is highly resistant to abrasive wear and atmospheric corrosion.



ALL CONNECTIONS THREADED... no special tools are needed. In fact, maintenance men agree that ARNCO Cubicles are the easiest to install.

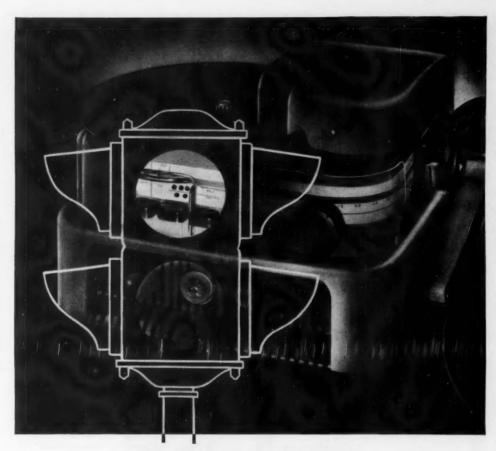
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Methods Manuals

A most comprehensive and informa-tive book, entitled "Hospital Planning for Architects and Engineers," has been released by Westinghouse Electric Corp. The book was prepared by Westinghouse with the approval and cooperation of Dr. Leonard A. Scheele, Surgeon General, and Dr. Vane M. Hoge, Bureau of Medical Services, U.S. Public Health Service. It presents electrical planning data carefully coordinated with USPHS recommendations. Also assisting in the preparations of the book were Dr. Russell H. Morgan, Director, Department of Radiology, Johns Hopkins Hospital, and L. D. Schmidt, Architect, Fairmont, W. Va. The book contains 240 pages, the first section describing steps in planning the hospital electrical system, followed by specific recommendations for electrical equipment for a community clinic with a 10 bed nursing unit, a 40 to 50 bed general hospital, a 200 bed general hospital and a 100 to 150 bed general hospital. The latter section includes a detailed room-by-room analysis of electrical requirements, load calculations and panelboard demand. A 24 page section describes all signal systems required by a 100 bed hospital, planning the x-ray department is described by Dr. Morgan, x-ray apparatus

is classified and its wiring and plumbing specifications given, equipment layout recommendations for hospitals from 25 to 200 beds are made and several typical x-ray therapy suites for a 200 bed hospital are shown. Lightproofing and lead lining are described in an x-ray protection section. Known as Booklet B-4037, it is illustrated with photographs, tables, graphs and charts, and is available from the Agency and Construction Dept., 12-L, Westinghouse Electric Corp., East Pittsburgh, Pa. (Key No. 586)

"The Story of Lucy" is the second 16 mm. sound-color documentary film depicting the rehabilitation program of The Kessler Institute For Rehabilitation, Pleasant Valley Way, West Orange, N. J. The film is released as an educational film describing the problems of paraplegic women and how they are solved. It is available from the Institute at a nominal rental fee. (Key No. 587)

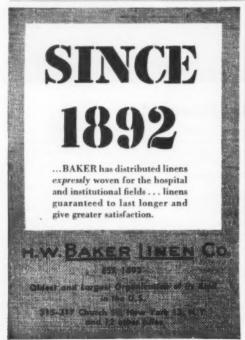
"Book Mending" is the title of a practical manual on the subject issued by the Library Bureau of Remington Rand, Inc., 315 Fourth Ave., New York 10, for the use of librarians. Covering all aspects of the job of caring for wornout books, the 10 page manual tells how to judge whether a book can be restored by hand mending, can be salvaged only by rebinding, or is beyond repair. It gives detailed instructions as to the best methods and materials to use in each mending problem and is based in part on suggestions made by the staffs of five leading university and public libraries. Designated as LB 223-E, the manual is available without charge. (Key No.

"The Story of Research" has been told by E. I. du Pont de Nemours & Co., Inc., Wilmington 98, Del., in a new booklet designed to show the significance and importance of industrial research. It has been written with the idea of serving as a reference manual on the subject and has been done with a great many illustrations to add to the interest of the text accompanying them. The booklet is attractive in layout and printing, is informative and interesting. (Key No. 589)

Product Literature

· The story of Kaylo calcium silicate products is told in a new 24 page book-let, "The Story of Kaylo," released by the Kaylo Division, Owens-Illinois Glass Co., Toledo 1, Ohio. The first half of the booklet is devoted to research and development history and is followed by the various uses to which this interesting product can be put. The booklet is fully illustrated with photographs, diagrams and drawings. (Key No. 590)

(Continued on page 272)







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• A caution card with red background and white lettering, reading "Oxygen in Use," is available from the Ohio Chemical & Surgical Equipment Co., 1400 E. Washington Ave., Madison, Wis. The company has also issued a new illusdirects a drive. (Key No. 592)

- Complete information on Webster Moderator Control Systems and equipment for steam heating is provided in a group of five bulletins recently released by Warren Webster & Co. Camden 5, N.J. Subjects covered include data on electronic pressure differential control system for continuous steam flow, pulsating flow control, motor-operated throttling type main steam control valve, motor-operated valves for shut-off service and ten principal types of metering orifices for use in Moderator Systems (Key No. 593)
- Various types of gas therapy equipment available from the Puritan Compressed Gas Corp., 2012 Grand Ave., Kansas City 8, Mo., are described and illustrated in the new Puritan Catalog 33. Included are a new jet humidifier which affords high humidification, a new low-cost humidifier, portable therapy units and a complete line of regulators, adapters, face cones and other gas administration equipment. (Key No. 594)
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Montagu, "Introduction to Physical Anthropology," 2nd ed., 580 pp., \$8.75. Charles C. Thomas, Publisher, Dept. MH, Springfield, Ill. (Key No. 597)

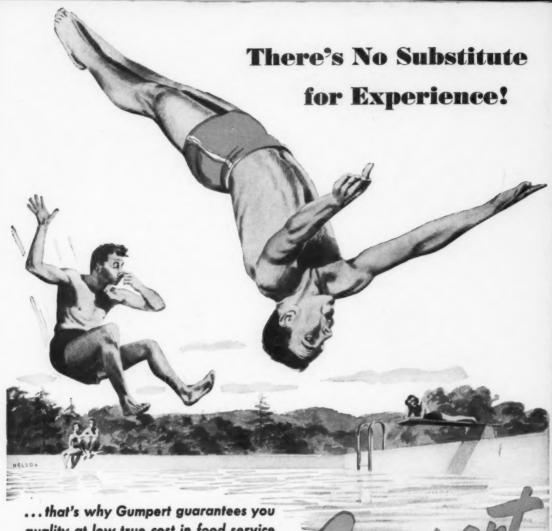
Suppliers' News

Harris Hospital Supply, Inc., is the new name of the hospital supply firm, 1400 W. Washington Blvd., Chicago 7, formerly known as Harris & Wellman, Inc.

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